



Sunday School Registration Form

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Parent Email Address: _____

Phone Number: Home: _____

Cell: _____

Age Information

Date of Birth: _____ Age: _____

School Grade: _____

Allergies/Medical Information/Other

How can we contact parents in case of emergency during Sunday School?

Emergency Contact Person (Name & Phone Number)

I give permission for my child's photograph to be used in newspapers, church, newsletters, fliers, web pages, or any other publicity material.

(Parent's Signature)