



Sunday School Registration Form

Child's Full Name _____ Gender _____

(First) (Middle) (Last)
Prefers to be Called _____ Age* _____ Date of Birth _____ Grade _____

Home Phone _____ Email _____

Address _____ City _____ Zip _____

Mother's/Guardian's Full Name _____

Address (if different from child) _____ City _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Father's/Guardian's Full Name _____

Address (if different from child) _____ City _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Child's Doctor _____ Phone _____

** Known allergies or medical conditions _____

Child's Siblings (names and D.O.B):

At which time does your child normally attend Sunday School? 9:00 ___ 10:00 ___ 11:00 ___

Please mark the appropriate box: Church Member ___ Regular Attendee ___ Visitor ___

Does the church have permission to authorize medical care in your absence? Yes ___ No ___

Signature of Parent/Guardian _____ ***Date _____

* Children need to be 3 yrs. of age by September 1st of the current school year.

** Please notify the Children's Ministry Director of any changes.

*** New registrations required on children absent for 2 months..