

SUNDAY SCHOOL REGISTRATION 09-10
(Please enter information and sign at bottom.)

Student Last Name _____ First Name: _____ Likes to Be Called? _____

Address: _____

Home Phone Number: _____

Birth Date: _____ Grade in 09-10: ____ Name of School: _____

Allergies:

Other Medical Conditions:

Parent's Names: _____

Parent Email Address:

Student Email Address (if applicable):

Where do you think you'll be during the Sunday School hour? If not at church, would you please give us some contact information (such as cell phone) where you can be reached? (Please be sure to tell us whose cell it is.)

Who may pick up your child from Sunday school? (Fourth grade and older may release themselves from Sunday school, but younger children **MUST** be picked up.)

We have a great need for substitute teachers. Would you or your spouse please consider being on the substitute list for this class? Who will?

Medical Release: I authorize an adult, in whose care the minor has been entrusted, to consent to emergency care. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such services.

Parent Signature

Printed Name

Date