

Sunday School Registration (Preschool-Grade 5)



Please complete one form for each child attending Sunday School

Student Name: _____ Date completed: _____

Address: _____

Date of Birth: _____ Home Phone: _____

School Year _____

Grade Entered This Year _____ School Name _____

School Accommodations in place: _____

Special needs that may limit participation in Sunday School: _____

Any Allergies: _____

Dietary Restrictions: _____

Health issues/medications that the staff should be aware of _____

Parent #1 Name: _____

Parent #1 Cell Phone: _____

Parent #1 Email: _____

Parent #2 Name: _____

Parent #2 Cell Phone: _____

Parent #2 Email: _____

Emergency Contact (other than parent) : _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____