

# 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: \_\_\_\_\_

Grade Entered Fall 2022 \_\_\_\_\_ 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: \_\_\_\_\_