

Sunday school Registration Year

CHILD'S NAME: _____

AGE _____ BIRTHDAY _____ GRADE (as of Sept) _____

PARENT'S NAMES: _____

ADDRESS: _____

EMAIL: _____

PHONE (HOME) _____ (CELL) _____

ALLERGIES: _____

ACTIVITIES: _____

CONDITIONS: _____

(Please speak with the Superintendent about issues you may not wish to list here that will benefit your child)

As a parent/guardian of a Sunday school child, please circle below to help in the following ways:

Teach a SS class: Y N Age group _____ Assist a class: Y N Age group _____

Lead youth Group activities: Y N Share a talent with SS: Y N Talent? _____

Chaperone a field trip: Y N Decorate church for special events: Y N

Help organize mission activity: Y N Bake for SS events Y N Drive for events: Y N

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******All children below the 7th grade must be picked up in your child's classroom at the end of worship by either you or a designated adult. Children in these classes will NOT be released from the class without adult supervision.**

*****PLEASE: You are responsible to always supervise your children during coffee hour.**

Children should not leave coffee hour without your direct supervision at any time.

PARENT'S SIGNATURE: _____ Date _____