



# Sunday School Registration Form

Date \_\_\_\_\_

<u>Child's Name</u>	<u>Birthdate</u>	<u>Age as of Sept</u>	<u>Grade as of Sept</u>

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address/City: \_\_\_\_\_

\_\_\_\_\_

Allergies/Medical Concerns/Other info you want us know about your child/ren:

\_\_\_\_\_

\_\_\_\_\_

Permission to use your child/ren's photo for Sunday School purposes  
(ex. Sunday School recruitment video, photos on bulletin board, etc.):

Yes \_\_\_\_\_ No \_\_\_\_\_