

Sunday School/Youth Registration Form



School Year _____

(Parents: Please fill in current information. This information will be updated each year.)

Address _____ City _____ State _____ Zip _____

Contact Phone _____

Mom/Guardian Name _____ Occupation _____ Church Member? _____

Mom's Cell Phone _____ Mom's Email _____

Dad/Guardian Name _____ Occupation _____ Church Member? _____

Dad's Cell Phone _____ Dad's Email _____

Name of Child (Birth – 5 th Grade)	Gender	Birthday	Last Grade Completed

Name of Youth (6 th -12 th Grade)	Gender	Birthday	Last Grade Completed	Youth Cell/Email

Allergies, special needs, etc _____

Please list anything special about your child(ren) or youth that you would like us to know (custodial arrangements, etc) that you believe would help us to serve your child(ren)

Special Interests and Activities

I give my permission for photographs of my child(ren) to be taken and used on the website without identification.

Signature _____

Approve _____

Enter Yes or No

When the Sunday School needs help in the following areas, give me a call:

_____ teaching, assistant teaching, or substitute teaching

_____ special events (Christmas pageant, VBS, etc)

_____ extra pair of hands when needed

other (please specify) _____