

Grade _____

SUNDAY SCHOOL REGISTRATION FORM

Fill out one per student enrolled

Child's full name: _____

Child's Age and Birthday: _____

Parent's Name: 1. _____

2. _____

Address and Telephone: _____

() _____ - _____

Cell: () _____ - _____

E-Mail (for cancellations/S.S. class info.) _____

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## Photography Permission:

The Church and Sunday School are part of an integrated program and occasionally photographs are taken of the plays or special services our children are involved in. Also, a class picture will be taken in the Fall among other candid. It is proper that we ask your permission to include your son or daughter when we take pictures.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\* Please feel free to make extra copies if needed ~

**Medical Information:**

This information will be kept by the student's teacher and will not be released publicly and kept separately on file. The information contained here will be used on an emergency basis only.

**Child's Name:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Telephone/Cell No.** \_\_\_\_\_

**Second Contact Person:** \_\_\_\_\_

**Telephone/Cell No.** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Allergies?:** \_\_\_\_\_

Medical or Medicine Issues that need close monitoring or are important for the teaching staff to know in an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there medicines or emergency items we need to keep on hand for your child? If so, what is it? What situation precludes its use? And what procedure is normal?

\_\_\_\_\_

\_\_\_\_\_

Are there foods/snacks that you would prefer that your son or daughter not to receive? \_\_\_\_\_