

SUNDAY SCHOOL 2008-2009
Registration Form — Age 2 through Grade 12
Submit ONE FORM per child. Please print or write clearly.
**When form is complete, sign and drop it into the registration box.*

Full Name of Child:

Age of Child: Date of Birth (MM/DD/YYYY):

Grade (✓ one) 2 Year Old Pre-K 3 Year Old Pre-K 4 Year Old Pre-K Kindergarten
 1st 2nd 3rd 4th 5th 6th 7th 8th
 9th 10th 11th 12th

Name of Child's School:

Date of Baptism (MM/DD/YYYY) : 1st Communion (MM/DD/YYYY) :

Allergies:

Special Needs:

Will your child participate in Wednesday Night WAVE Activities: Yes No What is WAVE?

EMERGENCY INFORMATION

Name of Doctor: Phone:

Name of Parent:

Address:

City & State: Zip Code:

Home Phone: Work Phone:

Cell Phone: E-mail:

Name of Parent:

Address:

City & State: Zip Code:

Home Phone: Work Phone:

Cell Phone: E-mail:

I understand that by submitting this registration form, I hereby give authorization for group, candid photos and/or video footage to be taken of my child(ren) during Sunday School activities. These images may be used for a possible slideshow on the church website and/or during worship.

Parent/Guardian Signature: _____ Date: _____