

SUNDAY SCHOOL



Parent Info

Parent Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Dad Cell _____ Mom Cell _____

Dad Email _____ Mom Email _____

Child #1

Name _____ M F (Circle)

Date of Birth _____ Grade _____

Email address (if applicable) _____

Cell Phone Number (if applicable) _____

Allergies _____

Anything else we should know?

Child #2

Name _____ M F (Circle)

Date of Birth _____ Grade _____

Email address (if applicable) _____

Cell Phone Number (if applicable) _____

Allergies _____

Anything else we should know?

(Forms for additional kids on back)

May we have permission to use/print/publish photographs of your child(ren) in printed materials, the church website and/or Facebook page? Yes No

Parent/Guardian Signature _____ Date _____

Please complete and return to the church office. Forms may be placed in the secretary's mailbox.

Child #3

Name _____ M F (Circle)
Date of Birth _____ Grade _____
Email address (if applicable) _____
Cell Phone Number (if applicable) _____
Allergies _____
Anything else we should know?

Child #4

Name _____ M F (Circle)
Date of Birth _____ Grade _____
Email address (if applicable) _____
Cell Phone Number (if applicable) _____
Allergies _____
Anything else we should know?

Child #5

Name _____ M F (Circle)
Date of Birth _____ Grade _____
Email address (if applicable) _____
Cell Phone Number (if applicable) _____
Allergies _____
Anything else we should know?

Child #6

Name _____ M F (Circle)
Date of Birth _____ Grade _____
Email address (if applicable) _____
Cell Phone Number (if applicable) _____
Allergies _____
Anything else we should know?