

SAMPLE

Sunday School & Children/Youth Program Registration 20__

Child's Name _____ B-Day _____ Grade _____

Child's Name _____ B-Day _____ Grade _____

Child's Name _____ B-Day _____ Grade _____

Child's Name _____ B-Day _____ Grade _____

Child's Name _____ B-Day _____ Grade _____

Parent/Guardian _____

Address _____ Cell Phone _____

Email _____ Home Phone _____

Emergency Contact _____ Phone _____

Special Needs/Allergies _____

Your location during Sunday School _____

To remove consent for photography, please initial here _____

I give permission for the following people to pick up my child(ren) if I am not available:

1) _____ Cell# _____

2) _____ Cell# _____

3) _____ Cell# _____

4) _____ Cell# _____

5) _____ Cell# _____

6) _____ Cell# _____