



2011- 2012 Sunday School/Children's Worship Registration Form

Date: _____ Participant's Name: _____

Address: _____

City: _____ Zip: _____

Preferred Phone #: _____

Male: _____ Female: _____

Preferred E-mail Address: _____

Parent/Guardian Name(s): _____ Relationship: _____

Address if different: _____

Date of Birth: _____ School: _____

Grade: _____ Class of: _____

Allergies/Medical Conditions: _____

Emergency contact - Name/Cell phone: _____

Person(s) designated for pick up from class: _____

Has the participant been baptized? Yes or No Date: _____

Church/Location: _____

Willing to help in class, if needed? Yes or No

Permission to use participant's photographs with church social media (ex. Church Facebook, Church Web Site, etc.) ? Yes or No