



Sunday School Registration 2014-2015

Child's Name: _____ Age: _____

Date of birth: _____ M ___ F ___ Current school grade: _____

Home address: _____

City: _____ ZIP: _____

Home phone#: _____ Home e-mail: _____

Parent/Guardian name(s): _____ Cell phone#: _____

_____ Cell phone#: _____

Alternate emergency contact person during Sunday School (if neither parent can be reached):

Name: _____ phone#: _____

Others persons authorized to pick up your child: _____

Persons NOT authorized to pick up your child: _____

Allergies/Medical Information: _____

Parent/Guardian Signature: _____ Date: _____

Parents are a vital part of the Sunday School and Nursery Ministries!

Please sign up to work in one or more of the following areas! Thanks for your support!

_____ Sunday School Teacher/Co-teacher

_____ Sunday School Substitute Teacher

_____ Sunday School Classroom Helper

_____ Christmas Play

_____ Garden planting

_____ Sunday School Opening/Song Leader

_____ Nursery Coordinator (8:30 or 10:30)

_____ Nursery Helper (8:30 or 10:30)

_____ Holiday Crafts (Christmas, Easter, etc.)

_____ Service Projects

Name: _____ Phone or e-mail: _____