

SUNDAY SCHOOL REGISTRATION 2017

Family Name and Address: _____

Emergency Phone #s: (1) _____

(2) _____

Child's Name: _____

DOB: _____ **Grade in School** _____

Allergies: _____

Child's Name: _____

DOB: _____ **Grade in School** _____

Allergies: _____

Child's Name: _____

DOB: _____ **Grade in School** _____

Allergies: _____

_____ **I would be willing to donate supplies to my child's class.**

_____ **I would be willing to volunteer as a substitute teacher, or as an assistant, in my child's class.**

Parent's Signature

Date

(Signature also serves as consent for Sunday School Activity publicity photos)

PLEASE RETURN YOUR COMPLETED FORMS c/o Judy Williams to the church office.

Immanuel United Church of Christ, 415 W. North Ave., Bartlett, IL 60103