

Shepherd of the Valley

Sunday School Registration 2013-2014

(for 3-year-olds by August 31, 2013 through 6th grade)

Primary Home Information

Address	Mother's/Guardian's Name	Father's/Guardian's Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	Her Cell # <input style="width: 40%;" type="text"/>	His Cell # <input style="width: 40%;" type="text"/>
Home or Primary Phone # <input style="width: 40%;" type="text"/>	Her Work <input style="width: 40%;" type="text"/>	His Work # <input style="width: 40%;" type="text"/>
Family Email Address <input style="width: 95%;" type="text"/>	Her Work Ext # <input style="width: 40%;" type="text"/>	His Work Ext # <input style="width: 40%;" type="text"/>

Secondary Home Information (If you would like mailings to go to an additional address please provide the following)

Guardian	Address	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Sunday School Hour (8:45 or 11:00)

Emergency Contact Person while at Sunday School if the parents are not able to be reached.

I GIVE I DO NOT GIVE my permission to use photos of my child on SOV related publications. Please note that no names will be used in any publications.

Last Name	Birthdate	School Attending or will be when K-6
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name	Gender	2013-14 Class 3yr*, 4yr*, K, 1, 2, 3, 4, 5, 6
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name Child Goes By	Baptized (Y/ N)	*Your child must be 3 or 4 by August 31, 2013.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Drug Allergies	<input style="width: 95%;" type="text"/>
Food and other Allergies	<input style="width: 95%;" type="text"/>

State any MEDICAL CONDITIONS OR SPECIAL NEEDS of your child (ie. Asthma, ADHD, etc.)

May we share this with your child's Shepherd? Yes No

Is there anything we should know to help make your child's Sunday School experience a safe and positive one?

May we share this with your child's Shepherd? Yes No

Last Name	Birthdate	School Attending or will be when K-6
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name	Gender	2013-14 Class 3yr*, 4yr*, K, 1, 2, 3, 4, 5, 6
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name Child Goes By	Baptized (Y/ N)	*Your child must be 3 or 4 by August 31, 2012.
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Drug Allergies	<input style="width: 95%;" type="text"/>
Food and other Allergies	<input style="width: 95%;" type="text"/>

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May we share this with your child's Shepherd? Yes No

Parent's Signature **Date**