

# Registration Form for Sunday School Participation

*Please complete and bring this form the first day you attend Sunday School*

Name(s) of Children from same family

Age(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Parent(s) or Guardian(s):

\_\_\_\_\_

Emergency Contact (if Parent or Guardian can't be reached)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Persons (other than Parents or Guardians) authorized to pick up youth after Sunday School:

\_\_\_\_\_

Any food allergies to be aware of: \_\_\_\_\_

Important Medical Conditions to be aware of: \_\_\_\_\_

\_\_\_\_\_