

SUNDAY SCHOOL & YOUTH PROGRAM FAMILY REGISTRATION



Today's date: _____

Parent/Guardian name: _____ Address: _____

City: _____ Zip Code: _____ Home phone: _____ Cell phone: _____

E-mail where we can contact you: _____ Church member? (circle) Yes No

Parent/Guardian name: _____ Address (if different): _____

City: _____ Zip Code: _____ Home phone: _____ Cell phone: _____

E-mail where we can contact you: _____ Church member? (circle) Yes No

Emergency contact name: _____ Home phone: _____ Cell phone: _____

CHILDREN:

1. Name: _____ Birthdate: _____ Baptism date: _____

Age: _____ Grade: _____ School: _____

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

2. Name: _____ Birthdate: _____ Baptism date: _____

Age: _____ Grade: _____ School: _____

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

3. Name: _____ Birthdate: _____ Baptism date: _____

Age: _____ Grade: _____ School: _____

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

I am interested in helping in the following way(s):

- Serve on the (circle) Preschool, Elementary or Youth Board
- Teach church school
- Assist with Special Sermon Time
- Play music
- Provide food for special occasions
- Provide transportation to/from events
- Provide prayer support
- Set-up, donate or shop for supplies
- My suggestion _____
- Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children?

- I would like church staff to contact me privately to discuss my child's needs.