

2019-20 Sunday School Registration Form

Personal Data

Child's Name _____

Birth Date _____ Grade in School _____

Name and Ages of Siblings _____

Family Information

Parent(s) / Legal Guardian(s) _____

Address _____

Home Phone _____ Email _____

Other Phone Numbers in Case of Emergency _____

Alt. Contact Person (s) _____

Alt. Contact Person's Phone Number _____

Insurance Information

Medical insurance coverage for child?

Yes No

Insurance Company _____

Policy Number _____

Family Physician _____

Family Physician's Number _____

Allergies of Physical Limitations _____

Special Instructions for Handling Allergies or Physical Limitations

Security Measures*

Names of persons who may pick up this child

Names of persons who may not have access to this child: _____

* Parent(s) / legal guardian(s) will notify the church or Sunday School program leader, preferably in writing if and when these security measures change.