

Sunday School Registration Form

2010 -2011

STUDENT INFORMATION:

Student Name: _____

Age: _____ Grade: _____ Birth Date: _____

Gender: Male or Female (*circle one*)

First Time in Sunday School?: Yes or No (*circle one*)

New to Park Ridge Community Church: Yes or No (*circle one*)

CONTACT INFORMATION:

Parent(s) Name(s): _____

EMAIL: _____ (*please note that email will be our primary means of communication regarding Sunday School events and scheduling*)

Home Phone: (____) ____-____ Parent Cell Phone: (____) ____-____

Address: _____

City: _____ ST: _____ ZIP: _____

MEDICAL AND EMERGENCY INFORMATION:

Emergency Contact Person: _____

Relation: _____ Phone: (____) ____-____

Allergies (*food or otherwise*): _____

Special Needs: _____

Where can we find you during Sunday school?: _____

I give full permission for my child to attend Sunday school at Park Ridge Community Church. I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me.

Parent/Guardian Signature:

_____ Date _____