



2018-2019 CALVARY SUNDAY SCHOOL REGISTRATION FORM

PLEASE SUBMIT ONE FORM PER CHILD

FORMS MAY BE RETURNED IN CLASS, PLACED IN THE SQUARE, OR MAILED TO THE CHURCH OFFICE.



Child's Name _____		Child's Age _____
Grade _____	School Name _____	Birth date ____ / ____ / ____
Parent/Guardian Name(s) _____		
Home Phone () _____	Cell Phone () _____	Work Phone () _____
E-mail Address _____		
Mailing Address _____		
City _____	State ____	Zip _____
Emergency Contacts / Individuals Authorized to pick up child from Sunday School		
Name _____	Relationship _____	Contact Number _____
_____	_____	_____
_____	_____	_____
Food Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: _____	
Medical Concerns Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: _____	
Family Doctor: _____		Phone: _____
Church Affiliation _____ Church Membership at _____		
Siblings Involved in SS		
Name(s) _____	Age(s) _____	Grade(s) _____
Where Parent/Guardian can be found during Sunday School or number where you can be reached in case of emergency, etc.:		

PLEASE READ CAREFULLY

I give permission for my child to participate in Calvary's Sunday School Classes for the 2018-2019 Year

I give permission for still or video pictures of my child to be taken and used for church promotional purposes

I give permission for photos of my child to be placed on Calvary UMC websites and Social Media pages in a SS or church context.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

