2019-2020 CALVARY SUNDAY SCHOOL REGISTRATION FORM

PLEASE SUBMIT ONE FORM PER CHILD

FORMS MAY BE RETUNED 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 ☐ No ☐ If yes, please list: _____

Medical Concerns Yes ☐ No ☐ If yes, please explain: _____

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.:

Would you be willing to be a substitute helper in an Elementary (K-6th grade) class once or twice during the Sunday School year? You would be contacted as needed and can decline at that time if you are unavailable.

☐ Yes
☐ No

PLEASE READ CAREFULLY

☐ I give permission for my child to participate in Calvary's Sunday School Classe(s).

☐ 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 _____

(TURN OVER)

IF NOTHING ON THE FRONT OF THIS FORM HAS CHANGED, A PARENT/GUARDIAN CAN FILL OUT AND INITIAL BELOW INSTEAD OF COMPLETING A BRAND NEW FORM.

School Year	Grade	Parent/Guardian Initials	Date