**Swiss United Church of Christ**

**Sunday School Registration Form**

**September – May**

***Please submit this form to the church office by Monday, August 30th.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Child Name** *(First & Last)* | |  | **Grade** *(in Sept.)* |  | **Birthday**  *(MM-DD-YY)* | | |  | | **Allergies?** *(please list all food/ medical concerns)* | | |
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| **Family Info** | **Parent/Guardian 1** | | | | | |  | | **Parent/Guardian 2** | | | |
| **Name** *(First & Last)* |  | | | | | |  | |  | | | |
| **Cell Phone** |  | | | Text | | Yes  No |  | |  | | Text | Yes  No |
| **Home Phone** |  | | | | | |  | |  | | | |
| **Email** |  | | | | | |  | |  | | | |

**Emergency Contacts**

|  |  |
| --- | --- |
| **Name & Relationship:** | **Phone:** |
| **Name & Relationship:** | **Phone:** |

I give the following people permission to pick my child/ren up following Sunday School *(more than one name may be listed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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I give permission for my child/ren to walk across the street to Village Park with a group of Sunday School teachers, volunteers and classmates:  Yes  No

I give permission for my child/ren to walk to Coffee Hour unescorted:  Yes  No

I give permission for photographs of my child/ren to be used by Swiss Church in publicity and promotion of activities, both online and in print:  Yes  No

*By signing this form I grant permission for my child/ren to participate in the Sunday School Program at Swiss Church.*

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| ***Office use only:***  Office Copy  Sunday School Binder Copy |