



SAINT STEPHENS UCC

Sunday School Registration Form ★ 2025 - 2026

DEADLINE FOR REGISTRATION: September 1, 2025

Child's Information

First Name: _____ Middle : _____ Last Name: _____

Birth date:(mm/dd/yy): _____ Age: _____ Grade Level: _____

Address: _____ City/State: _____ ZIP Code: _____

Parents/Guardians Name(s): _____

Parent Email: _____ Telephone #: _____

This is permission for _____ to attend the Sunday School or Faith Formation classes at Saint Stephens United Church of Christ during the 2025-2026 program year. I/we agree to hold the church, its members, officers, and pastors blameless in the event of an accident of any kind during such events. Further, I/we give permission to adult teachers to obtain medical treatment for the above-named minor if this becomes necessary.

Parent Signature

Printed

Date

Pickup

As parents or legal guardian, please list below who is allowed to pick up your child.

Is there anyone that is specifically NOT allowed to pick up? If so, please list the name(s). Yes No

Emergency Contacts

Emergency Contact: _____ Phone: _____

Alternative Emergency Contact: _____ Phone: _____

Please list any allergies or other medical information we should know:

Do you give permission for the church to publish pictures and/or name of your child in the weekly newsletter and/or social media or other media? Yes No

(Any other information about your child you think we should be aware of, please notate on the back side. Thank you!)