

**First Baptist Church, Martin  
Sunday School Information Form**

**Child's Full Name:** \_\_\_\_\_ **Birth-date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Grade in School:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Parents' E-mail Address:** \_\_\_\_\_

**Parents' Phone number (s):** \_\_\_\_\_

**Name of Class where Parent(s) attend Sunday School:**

\_\_\_\_\_

**Please list any known allergies your child has:**

\_\_\_\_\_

\_\_\_\_\_

**Instructions to teachers regarding dismissal from Sunday School:**

**Please initial your desired instructions:**

\_\_\_\_\_ My child is to stay in their class room with a teacher until a parent picks them up.

\_\_\_\_\_ My child has permission to leave with an older sibling.

\_\_\_\_\_ My child has permission to leave Sunday School on his/her own.

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_