

## EPLC SUNDAY SCHOOL REGISTRATION FORM

**CHILD NAME** \_\_\_\_\_

Program: SUNDAY SCHOOL \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Address \_\_\_\_\_ City and Zip code \_\_\_\_\_

**Parent Names** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ other \_\_\_\_\_

**Email address** \_\_\_\_\_

Baptized? \_\_\_\_\_ EPLC Member? \_\_\_\_\_ Does your child participate in Communion? \_\_\_\_\_

EPLC presents new participants with bibles. Does your child need a bible this year? \_\_\_\_\_

Does your child have any allergies or other special needs or concerns? \_\_\_\_\_

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency I give EPLC my consent to secure from a hospital and/or physician any treatment deemed necessary for my child's immediate care. I agree that I will be responsible for any expenses incurred for such emergency care.

**Parent Signature** \_\_\_\_\_

Family Doctor name and Phone \_\_\_\_\_

Health insurance Provider \_\_\_\_\_ ID Number \_\_\_\_\_

**Contact/emergency pick-up in case Parent cannot be reached:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

EPLC has my permission to use photos/images of my child on their website, promotional materials and social media sites \_\_\_\_\_ (Parent initial)