

Registration for Sunday School 2018-2019

Today's Date: _____

Child's Name: _____

Parent(s): _____

Age: _____ Grade in School: _____ Birthdate: _____

Email Address: _____

Mailing Address: _____

City _____ Zip _____

Cell phone: _____

Parent(s) Signature: _____

Contact Phone Numbers:

Emergency Contact: _____

Home: _____ Cell: _____

Allergies or medical information: _____

Your child will remain in the classroom until you arrive to pick him/her up after the worship service. Please list below anyone who might be picking up your child and who would have permission to do so. (Examples: grandparent, sibling, friend, etc.). Please leave cell phone on vibrate in case of emergency during Sunday school.

Occasionally, we post video or photos on our website:

www.christchurcheastmoline.org, our Facebook page, our YouTube site or the newspaper. If you do not want your child's picture to appear in these public forums, please check the line below:

_____ I do not want my child to appear in any printed, computer or video image.