



Sunday School Student Registration Form

Name of Child: _____ Age: _____ Grade: _____

Address: _____ City: _____

State: _____ Zip: _____

School: _____ Birthdate: _____

Siblings' Names and Ages: _____

Parents/Guardians Names: _____

Address, if different than above: _____

Cell Number: _____ Home Phone: _____

E-Mail: _____

Name of Emergency Contact (If parents cannot be reached): _____

Emergency Contact. Home Phone: _____ Ce#: _____

Additional information:

Medical Conditions: _____

Food or other allergies: _____

Does your child read on grade level? _____ Yes _____ No

Does your child write on grade level? _____ Yes _____ No

Is he/she shy about reading out loud? _____ Yes _____ No

Does your child have any special needs which we should be aware? Use the following space to explain.

Has your child been baptized? _____ Yes _____ No

How would you like to see your child grow in Christ?

Printed Name of Parent/Guardian Name(s) _____

Signature of Parent/Guardian / Date _____