

SUNDAY SCHOOL REGISTRATION FORM

CBUC 2011-2012



Parent 1

Parent 2

First Name: _____
Last Name: _____
Address : _____
Postal Code: _____
Phone Number: _____
Email Address: _____

First Name: _____
Last Name: _____
Address : _____
Postal Code: _____
Phone Number: _____
Email Address: _____

Child's Name: _____	Age: _____	Grade: _____
Birth Date: _____	Allergies? _____	

Child's Name: _____	Age: _____	Grade: _____
Birth Date: _____	Allergies? _____	

Child's Name: _____	Age: _____	Grade: _____
Birth Date: _____	Allergies? _____	

Child's Name: _____	Age: _____	Grade: _____
Birth Date: _____	Allergies? _____	

From time to time there will be photos taken of our children/teens involved in activities around the church. Occasionally these are either posted on the website or presented in worship. There will be NO IDENTIFYING names attached to these photos. We would therefore ask you to consent to your child's photo being used

YES _____ NO _____ Parent/Guardian Signature: _____ Date: _____