



Sunday School/Nursery Registration Form 20__ - __

Please complete the registration form below and return it to the Sunday School Coordinator. We only need one form per family, so please include all you children on the one form. Thank you!

Parent's name _____

Address _____ Phone _____

Emergency Contact or Cell Phone _____

E-Mail Address _____

Child's Name _____ Grade/Age _____

Birthday _____ Allergy Concerns _____

Child's Name _____ Grade
/Age _____

Birthday _____ Allergy Concerns _____

Child's Name _____ Grade/Age _____

Birthday _____ Allergy Concerns _____

I give permission for my daughters and/or sons to participate fully the the Sunday School program at St. Andrew's Presbyterian Church in Kamloops, including Snacks and Games In case of an emergency, I understand that every effort will be made to contact the parent/guardians of the child(ren). In the event that I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School staff to secure proper and necessary treatment for my child(ren) as named on this form.

Signature & Date _____

BC Medical Number(s) _____

I understand that during the course of the year pictures may be taken to help us remember the events of the year. I give permission for my child's picture to be used in church publications such as but not limited to: the newsletter and web-site.

Signature & Date _____