



CALVARY PRESCHOOL & ELEMENTARY SUNDAY SCHOOL REGISTRATION FORM

PLEASE SUBMIT ONE FORM PER CHILD

FORMS MAY BE RETURNED IN CLASS, PLACED IN THE SQUARE, OR MAILED TO THE CHURCH OFFICE.



Child's Name _____		Child's Age _____
Grade _____	School Name _____	Birth Date ____/____/____
Parent/Guardian Name(s) _____		
Home Phone () _____	Cell Phone () _____	Work Phone () _____
E-mail Address _____		
Mailing Address _____		
City _____	State _____	Zip _____
Emergency Contacts / Individuals Authorized to pick up child from Sunday School		
Name _____	Relationship _____	Contact Number _____
_____	_____	_____
_____	_____	_____
Food Allergies	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: _____
Medical Concerns	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: _____
Siblings Involved in SS		
Name(s) _____	Age(s) _____	Grade(s) _____
_____	_____	_____
Where Parent/Guardian can be found during Sunday School or number where you can be reached in case of emergency, etc.: _____ _____		

Would you be willing to be a substitute helper in an Elementary (K-6 th grade) class once or twice during the Sunday School year? You would be contacted as needed and can decline at that time if you are unavailable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE READ CAREFULLY

☐ I give permission for my child to participate in Calvary's Sunday School Class(es).

☐ I give permission for still or video pictures of my child to be taken and used for church promotional purposes.

☐ I give permission for photos of my child to be placed on Calvary UMC websites and Social Media pages in a Sunday School or church context.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date



(TURN OVER)

IF NOTHING ON THE FRONT OF THIS FORM HAS CHANGED, A PARENT/GUARDIAN CAN FILL OUT AND INITIAL BELOW INSTEAD OF COMPLETING A BRAND NEW FORM.

School Year	Grade	Parent/Guardian Initials	Date