

# SUNDAY SCHOOL REGISTRATION FORM



## Primary Parent/Guardian Information

Name:

Relationship to Child:

Preferred Contact Number:

## Secondary Parent/Guardian Information

Name:

Relationship to Child:

Preferred Contact Number:

## Child 1 Information

Name:

Grade:

Does this child have any allergies? Write N/A if not applicable. If yes, please explain allergen/s, reaction, and steps New Hope Lutheran Sunday School Staff are to take should this occur.

Does this child have any special health conditions or disabilities we should be aware of? Write N/A if not applicable. If yes, please describe.

# **SUNDAY SCHOOL REGISTRATION FORM CONTINUED**

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## **Child 2 Information**

Name:

Grade:

Does this child have any allergies? Write N/A if not applicable. If yes, please explain allergen/s, reaction, and steps New Hope Lutheran Sunday School Staff are to take should this occur.

Does this child have any special health conditions or disabilities we should be aware of? Write N/A if not applicable. If yes, please describe.

## **Child 3 Information**

Name:

Grade:

Does this child have any allergies? Write N/A if not applicable. If yes, please explain allergen/s, reaction, and steps New Hope Lutheran Sunday School Staff are to take should this occur.

Does this child have any special health conditions or disabilities we should be aware of? Write N/A if not applicable. If yes, please describe.

# **SUNDAY SCHOOL REGISTRATION FORM CONTINUED**

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## **Child 4 Information**

Name:

Grade:

Does this child have any allergies? Write N/A if not applicable. If yes, please explain allergen/s, reaction, and steps New Hope Lutheran Sunday School Staff are to take should this occur.

Does this child have any special health conditions or disabilities we should be aware of? Write N/A if not applicable. If yes, please describe.

## **Child 5 Information**

Name:

Grade:

Does this child have any allergies? Write N/A if not applicable. If yes, please explain allergen/s, reaction, and steps New Hope Lutheran Sunday School Staff are to take should this occur.

Does this child have any special health conditions or disabilities we should be aware of? Write N/A if not applicable. If yes, please describe.

# **SUNDAY SCHOOL REGISTRATION FORM CONTINUED**



Do you give New Hope Lutheran Sunday School Staff and Volunteers permission to administer basic first aid to child(ren) named above in the event of an injury?

☐ Yes ☐ No

Do you understand that New Hope Lutheran Sunday School Staff and Volunteers will contact emergency services in the event of a significant injury and all expenses for usch emergency services will be on the responsibility of the child(ren) parent/guardian?

☐ Yes ☐ No

Do you give permission for New Hope Lutheran to use pictures of child(ren) listed above on church publications (e.g. website, bulletins, newsletters)?

☐ Yes ☐ No

Do you give permission for child(ren) listed above to participate in events during worship services that may be livestreamed to the churches Facebook Page?

☐ Yes ☐ No

There may be offsite events such as visits to local nursing homes or kid-friendly events that may take the place of a formal Sunday School class on a particular Sunday. When these events are planned, parent communications may be sent home directly with students or may emailed to parent/guardians directly. Do you give permission for your child(ren) to attend these events?

☐ Yes ☐ No

Do you give permission for your child(ren) to participate in kid-friendly snacks, lunches, and/or drink options that may be offered during/after Sunday School and/or at a planned Sunday School Event?

☐ Yes ☐ No

## **CONDUCT AND BEHAVIOR**

Do you understand that New Hope Lutheran Sunday School Staff reserves the right to request a parent/guardian attend Sunday School or a planned Sunday School Event should their child or children cause regular disruption, use inappropriate language, or act out in an inappropriate manner during Sunday School or at a planned Sunday School Event?

☐ Yes ☐ No

Do you understand that New Hope Lutheran Sunday School Staff reserves the right to ask child(ren) parent/guardians to attend Sunday School and/or planned Sunday School Events due to behavior of child(ren) in past weeks?

☐ Yes ☐ No

# ***SUNDAY SCHOOL REGISTRATION FORM CONTINUED***

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**Date:**

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**Parent/Guardian Printed Name:**

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**Parent/Guardian Signature:**

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