

**2019-2020 Sunday School Registration Form**  
**(Please return by September 15)**

Student Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F Age \_\_\_\_\_

Home Address \_\_\_\_\_

Student lives with: Mom Dad Both

Helpful Information about the Child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For additional children please fill out the next page (copies can be made if needed)*

Family Information

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_

## Additional Children

### Student Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F Age \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Student lives with: Mom Dad Both

Allergies, Special Medical or Dietary Needs, or Other Areas of Concern:

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### Helpful Information about the Child

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### Student Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth \_\_\_\_\_ M/F Age \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Student lives with: Mom Dad Both

Allergies, Special Medical or Dietary Needs, or Other Areas of Concern:

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### Helpful Information about the Child

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Medical Information

*I give my consent for the RUCC staff to seek emergency medical treatment for my child. I understand that I will be notified immediately or if it is extreme emergency 911 will be contacted first, whichever is deemed to be in the child's best interest.*

Child's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies, Special Medical or Dietary Needs, or Other Areas of Concern:

\_\_\_\_\_  
\_\_\_\_\_

Authorizations and Emergency Contacts

*Child/Children will be released only to the custodial parent or legal guardian and the persons listed below. The following will also be contacted and are authorized to remove the child/children from the facility in case of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.*

Who should be called first? Mom/Dad

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Your signature indicates that you understand and agree to the above items and that the information on this enrollment form is complete and accurate.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Photography Release

We love to capture the special moments that take place during our day. We use these photographs and videos to make crafts, for decorating our church, and for occasional posts on social media, church website, church newsletter, or local paper.

\_\_\_\_\_ I give my permission to use my child/children's' photo/video

\_\_\_\_\_ I DO NOT give my permission to use my child/children's photo/video.

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Parent/Guardian Signature

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Date

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## Volunteering Opportunities

Throughout the year there will be several opportunities for you to get involved with our Sunday school program. Please mark any that you would be willing to help with. None of the tasks will be difficult and more details will be provided, as the event gets closer. Remember, it takes a village to raise a child and we can't do it without you!

- \_\_\_\_\_ Assisting the teacher
- \_\_\_\_\_ Christmas program
- \_\_\_\_\_ Carnival/Rally Sunday
- \_\_\_\_\_ Bible Brunch
- \_\_\_\_\_ Vacation Bible School (summer time)
- \_\_\_\_\_ CE Board
- \_\_\_\_\_ Lead an Adult Bible Study
- \_\_\_\_\_ Attend an Adult Bible Study
- \_\_\_\_\_ Nursery Attendant