

2020-2021 Sunday School Registration Form
(Please return by September 20th)

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:

Helpful Information about the Child

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:

Helpful Information about the Child

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.

Parent/Guardian Signature

Date

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

_____ Rally Sunday/Bible Brunch (Fall)

_____ Carnival (Spring)

_____ Vacation Bible School (Summer)

_____ CE Board

_____ Lead an Adult Bible Study

_____ Attend an Adult Bible Study

_____ Nursery Attendant