



**BETHEL CONGREGATIONAL
UNITED CHURCH OF CHRIST**

Sunday School Registration Year: _____

(Please fill out both sides of this form)

Child's Name: _____

Birthdate: _____ Age: _____

Grade in School: _____ Name of School: _____

Parent/Guardian name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Will there be other adults bringing or picking up your child? _____

If yes, please list names: _____

Contact Information: _____

Siblings/Names & Ages: _____

Is there any other information that would assist us in working with your child?

Emergency contact during Sunday School hour:

I will probably be in the church building.

Other _____

Is your child allergic to any type of food? _____

If so, please list: _____

Is your child allergic to anything else we may need to know about? (Bee stings, latex, etc.): _____

If yes, please list: _____

Does your child take any regular medication? _____

If yes, please list any medications and the conditions for which they are taken:

Are there medical conditions we need to be aware of? _____

If yes, please list: _____

What is your preferred method of communication?

Email

Text

Phone Call

Would you be willing to volunteer with the nursery program? _____

Would you be willing to volunteer with the Sunday School program? _____

Parent/Guardian Signature:

_____ **Date:** _____

Printed Name: _____ **Relationship:** _____