

First Congregational Church UCC, Cadillac Sunday School Registration

Welcome to Sunday School! We don't want you to miss any of the fun and enriching activities planned for the coming year, **so please fill in this form completely.**

Student's Full Name _____ Nickname _____

Address _____
Street and Number, Apt # City State Zip

Birth Date _____ Age _____ Baptism Date _____ Grade this Fall _____

Parent/guardian name(s): _____

Address _____

Email _____ Home # _____ Cell# _____

Emergency contact (other than parents) name(s) of person(s) who may pick up this child from Sunday School:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Allergies/Medical conditions or other concerns: _____

Does your child have an Epi-pen? ___ Yes ___ No
Is there anything you would like us to know about your child? _____

If a medical emergency arises, the supervising teacher has my permission to seek medical help.
Parent's signature _____ **Date:** _____

As the parent/guardian of a Sunday School student I understand that I may be asked to participate in this Ministry.
I would prefer to help with:
(Please check all that apply)
___ Classroom activities
___ Nursery time
___ Special Events
___ Wherever I am most needed!

Please check one: ___ Member ___ Newcomer ___ Not sure

I give permission to take my child's picture for classroom projects, newsletter and/or church website
___ Yes ___ No

Parent's Signature _____ **Date** _____