

St. Paul's United Church

Sunday School Registration Form - 2014/2015 United Church

Child's Name _____

New to St. Paul's? _____

Address _____

Postal Code: _____

Telephone _____

Birth date _____

Age _____

Grade _____

Family Email Address _____

Mother's name _____

Address (if different) _____

Father's name _____

Address (if different) _____

Child's special interests and activities _____

Does your child have any:

Allergies? _____

Medical Conditions? _____

Siblings attending Church School?

Names/Ages _____

Emergency Contact during church school hour

I will probably be in the church building

Other _____

If the Sunday School is in need of help in the following area, give me a call to:

Donate Supplies

Food for special occasions

An extra pair of hands if needed

Prayer Support

My suggestion _____

Sorry, I am unable to help at this time

If there is any other information that would assist us in working with the children?

(Use reverse side if necessary) _____

Signature of Parent/Guardian

Date

Consent Form

★ I consent to my child's picture being taken for the purposes of activities related to St. Paul's United Church such as classroom activities and in-church displays.

Yes _____ No _____

★ I consent to my child's image being used on the St. Paul's United Church website, provided no identifying information such as names is included with the image.

Yes _____ No _____

★ I consent to my child participating in outdoor activities in connection with the Sunday School class. These activities will be limited to within walking distance of the church and the parks in the immediate neighbourhood. Yes _____ No _____

Signature _____ Phone # _____ Date _____