

St Peter's United Church of Christ
 Sunday School Registration Form
 Sunday Mornings at 8:15 A.M.

Parent/Guardian Information

Name (First & Last)	
Street Address	
City, State, & ZIP	
Home Phone	
Cell Phone	
E-mail (optional) Y / N	Do you want to receive our E-News letter?

Student Information

Name	Sex	Birth Date	Grade
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

- _____ I Am Interested in Teaching Sunday School
 _____ I Am Interested in Helping with Sunday School
 _____ I Am Interested in Serving on Our Church's Christian Education Ministry Team

In Case Of Emergency

Please list an emergency contact if a parent cannot be reached in worship or at home		
Name	Phone Number	Relationship to child
Does your child have any allergies that teachers/staff need to be aware of? YES NO		
If yes, please describe:		
Does your child take any medications that teachers/staff need to be aware of? YES NO		
If yes, please describe:		
Are there any special conditions teachers/staff need to be aware of? YES NO		
If yes, please describe:		

While I understand that every reasonable precaution will be taken, in the event of an emergency I authorize any member of the Christian Education staff to get emergency help for my son/daughter as is deemed appropriate.

I understand that every attempt will be made to contact me in case of an emergency.

I understand that my child may be photographed or video taped during his/her Christian Education classes and our services and those images may be used for promotional media for the church (ie. during webcasts of services, in the Lamplighter, e-news or on the church's website). Your child's name will not accompany the images.

Parent(s) Signature

Date