



SUNDAY SCHOOL REGISTRATION FORM

Name of Parent(s) or Guardian(s): _____

Address: _____

Phone Number(s): (Texting Y/N) _____

Email Address(es): _____

Emergency Contact #1: _____

Emergency Contact #2: _____

Fill out chart below for all Youth entering grades 7-12.

#	Name of Youth	Date of Birth	Current grade	Phone # (Texting Y?N)
1				
2				
3				

By signing this form, I grant permission for my teen(s) to attend this Sunday School Program at the United Church of Christ in Bayberry.

Parent or Guardian Signature: _____ **Date:** _____

Promotional Consent:

I agree to allow my Teen's image to be used by the United Church of Christ in Bayberry for promotional use. These may include posers used in our church, posters used to recruit at other locations, informational brochures, newspaper advertisements, Flyers, promotional videos, or the church website and bulletin boards. Youth will not be identified by name.

Parent or Guardian Signature: _____ **Date:** _____

Please submit this form to: the United Church of Christ in Bayberry
Attn: Sunday School Director (Monica Minion)