



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 children entering grades K-6.

#	Name of Youth	Date of Birth	Current grade	Phone # (Texting Y?N)
1				
2				
3				
4				

By signing this form, I grant permission for my child(ren) 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 child's image to be used by the United Church of Christ in Bayberry on the church website and bulletin board. Children 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)