

2018-19 All Saints Sunday School Registration

Class _____

Name of Child _____ Birthday _____

Parents/Guardians _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Family Email _____

Student Phone _____ Student Email _____

Siblings Names and Ages _____

School Child Attends _____ Grade _____

To Whom Should Child be dismissed after Sunday School? _____

Allergies or Special Needs

Child's Interests

Other Helpful Information

Photo Release

We will take pictures of the kids in class from time to time and post them on our church web site. We need your permission to include your child in a class picture on the web. Please indicate if we have your permission to do this, **YES NO**

Signature of Parent/Guardian

Date

Notes: