

St. John's UCC Church School Registration

Child's Full Name _____

Child's Birthday _____ Age _____ School grade _____

Parent Name _____

Address _____

Phone - Home _____ Cell _____

Email _____

Parent Name _____

Address _____

Phone - Home _____ Cell _____

Email _____

Phone number to use during Church School in case of emergency _____

Please list names of those who are allowed to pick up your child from Church School including parents:

My child has my permission to be dismissed from Church School without the presence of an adult.

Date _____ Signature _____

Is your child up to date on Immunizations? Yes No

Does your child have any allergies or medical conditions we need to be aware of?

Please list any situation in your child's life that we should be sensitive to:

MEDIA: May we post pictures or videos of your child participating in Church related activities? Postings could include, but not limited to, church website, Facebook, church brochures, or slideshows in worship? Yes No

Date _____ Signature _____

Please sign that you have been made aware of the Good Health Guidelines

Date _____ Signature _____