ST. ANDREW SUNDAY SCHOOL
2019 - 2020 REGISTRATION FORM

Please print this form, fill it out and return it to the church office.

Student Name:_____
Last First

*Grade Level (Sept., 2019):*_____ *Date of Birth*:_____

Parents Name:_____

Address: _____

Home Phone:_____

Email: _____
(This is used as our main point of contact for upcoming events, schedules and will not be used for any other purpose.)

Emergency Contact: _____
Name & Relationship Phone Number

The following will assist the our staff to better understand your child's needs. All information provided on this registration will remain confidential

Does your child have any medical conditions we should be aware of (allergies, asthma, etc.)?
_____ Yes _____ No

Does your child take any medications on a regular basis (for allergies, asthma, etc.)? Please list and indicate if they carry said medication on themselves.
_____ Yes _____ No

Does your child have any learning challenges (ADD, ADHD, speech, hearing, etc.)?
_____Yes _____ No

Will you be participating in any on-site program while your child is in Sunday school?
_____ Yes _____ No

Does your child have any musical talents or play any instruments? If so, please list them.
_____ Yes _____ No

Permission to take and use pictures

Occasionally, we will photograph children in groups or individual settings. These pictures are used for the church communication purposes and are not sold but could be published on the St. Andrew website or our monthly newsletter. Your signature below acknowledges and gives permission for use of any pictures in which you or your child may appear.

_____
Date