

2011-2012

Sunday School Registration Form

First Child's name: _____

Child's age _____ Date of birth: _____ Last school grade completed: _____

Special learning concerns: _____

Second Child's name: _____

Child's age _____ Date of birth: _____ Last school grade completed: _____

Special learning concerns: _____

Third Child's name: _____

Child's age _____ Date of birth: _____ Last school grade completed: _____

Special learning concerns: _____

Fourth Child's name: _____

Child's age _____ Date of birth: _____ Last school grade completed: _____

Special learning concerns: _____

(over)

Name of parent(s)/legal guardian: _____

Address: _____

Home telephone (____) _____ Work phone: (____) _____

Parent(s)/legal guardian cell phone (____) _____

Parent(s)/legal guardian email address: _____

For the safety of your child, please note who may pick up your child/youth after Sunday School. If there are any changes to this list of names, you will need to submit that request in writing to the office.

(Name & relationship)

(Name & relationship)

(Name & relationship)

(Name & relationship)

****If you did not already complete the forms listed below for our 2011 VBS program, please visit our website at fpcmarshfield.org and download the following 2 forms. Complete a form for each child participating. These forms will be mailed upon request.**

Activity Permission Form

Consent for Medical Treatment

*Sunday School begins Sunday, September 11, 2011!
SEE YOU THERE!!*