

Sunday School Registration Form 2016/2017

(Please print/write legibly)

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Parent(s)/Guardians(s) first & last names: _____

Phone Number(s):

Parent/Guardian 1 (Home): _____ Parent/Guardian 1 (Cell): _____

Parent/Guardian 2 (Home): _____ Parent/Guardian 2 (Cell): _____

E-mail:

(Parent/Guardian 1): _____ (Parent/Guardian 2): _____

(Student) _____

Grade Completed: _____ female: _____ male: _____ Date of Birth: __/__/__ Age: _____

Does your child have special needs regarding their physical or emotional health? ____ Yes ____ No

If YES, please explain: _____

Photo/Media Waiver

I, being parent/guardian of _____, hereby consent that my/his/her image, and likeness, as shown in videotapes, photographs, and/or electronic images in which I/he/she appear(s), and/or audio recordings made of my/his/her voice may be used by the Moravian Church or posted on the Ebenezer church web page.

Parent's/Guardian's signature: _____ Date: _____

Allergy Information

Does student have allergies? ____ yes ____ no

If yes, please list all allergies (food, medicine, asthma, bees stings, etc...).

_____ Student has never been stung by a bee, so we are unsure if he/she is allergic