

# Sunday School Registration Form 2024 / 2025

(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