

Sunday School Registration/Emergency Contact Information

If necessary, please use additional forms for your family. **Return to Pastor Wolfram, Staff Minister Worden or Amanda Jordan's mailbox.** Thank you!

A) Name of the person *completing* this registration and relationship to child(ren):

- Name: _____
- Relationship: _____

B) Best e-mail and phone # to use when relaying news/activity information related to your child(ren):

- E-mail: _____
- Phone: _____

C) Emergency Contact Information

Please list the names of those to be contacted in case of an emergency.

(Should you require more space, please attach to this sheet).

Name: _____ Relationship: _____

Phone: _____ Cell/Alternate: _____

Address: _____

Name: _____ Relationship: _____

Phone: _____ Cell/Alternate: _____

Address: _____

Name: _____ Relationship: _____

Phone: _____ Cell/Alternate: _____

Address: _____

D) Registration for **Child #1**

First: _____ Last: _____

Birthdate (Day/Month/Year e.g. 05/07/2010) _____

What best describes your child's age/registration/participation for the upcoming 2019-2020 school year?

___ Jesus and Me (JAM): Birth to 3

___ Sunday School: Pre-school to kindergarten

___ Sunday School: 1st grade

___ Sunday School: 5th grade

___ Sunday School: 2nd grade

___ Sunday School: 6th grade

___ Sunday School: 3rd grade

___ Sunday School: 7th grade

___ Sunday School: 4th grade

___ Sunday School: 8th grade

- Is there any information that would benefit a Teacher in understanding and helping your child grow in God's word? (i.e. learning needs, health concerns)

Medical Information

Allergies (to medication and any other allergy):

Medical Conditions/Concerns: _____

As needed medications (ex. Inhalers, Epi-Pens) _____

Physician: _____ Phone: _____

Address: _____

Insurance Name: _____ Group # _____

ID# _____

In the event of a medical emergency, I authorize Divine Word/The Word Sunday School teachers/coordinator to transport my child _____ to the nearest medical facility for necessary treatment and or care.

Signature of Parent/Guardian: X _____ Date: _____

E) Registration for Child #2

First: _____ Last: _____

Birthdate (Day/Month/Year e.g. 05/07/2010) _____

What best describes your child's age/registration/participation for the upcoming 2019-2020 school year?

- Jesus and Me (JAM): Birth to 3
- Sunday School: Pre-school to kindergarten
- Sunday School: 1st grade
- Sunday School: 2nd grade
- Sunday School: 3rd grade
- Sunday School: 4th grade
- Sunday School: 5th grade
- Sunday School: 6th grade
- Sunday School: 7th grade
- Sunday School: 8th grade

➤ Is there any information that would benefit a Teacher in understanding and helping your child grow in God's word? (i.e. learning needs, health concerns)

Medical Information

Allergies (to medication and any other allergy):

Medical Conditions/Concerns: _____

As needed medications (ex. Inhalers, Epi-Pens) _____

Physician: _____ Phone: _____

Address: _____

Insurance Name: _____ Group # _____

ID# _____

In the event of a medical emergency, I authorize Divine Word/The Word Sunday School teachers/coordinator to transport my child _____ to the nearest medical facility for necessary treatment and or care.

Signature of Parent/Guardian: X _____ Date: _____

F) Registration for Child #3

First: _____ Last: _____

Birthdate (Day/Month/Year e.g. 05/07/2010) _____

What best describes your child's age/registration/participation for the upcoming 2019-2020 school year?

- Jesus and Me (JAM): Birth to 3
- Sunday School: Pre-school to kindergarten
- Sunday School: 1st grade
- Sunday School: 2nd grade
- Sunday School: 3rd grade
- Sunday School: 4th grade
- Sunday School: 5th grade
- Sunday School: 6th grade
- Sunday School: 7th grade
- Sunday School: 8th grade

➤ Is there any information that would benefit a Teacher in understanding and helping your child grow in God's word? (i.e. learning needs, health concerns)

Medical Information

Allergies (to medication and any other allergy):

Medical Conditions/Concerns: _____

As needed medications (ex. Inhalers, Epi-Pens) _____

Physician: _____ Phone: _____

Address: _____

Insurance Name: _____ Group # _____

ID# _____

In the event of a medical emergency, I authorize Divine Word/The Word Sunday School teachers/coordinator to transport my child _____ to the nearest medical facility for necessary treatment and or care.

Signature of Parent/Guardian: X _____ Date: _____