

Urbandale United Church of Christ

Sunday school Registration 2016-2017

Child's Name: _____

Grade Entering: _____ School District: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

Home telephone: _____ Cell: _____ Email: _____

If child has 2 homes, list name(s), address and phone:

Please list anyone who is authorized to pick your child up during or after class:

In order to provide your child with a safe, positive experience and to handle any emergency that might arise, please answer the following questions. This information is for your child's teachers and the Ministry Program Coordinator:

Does your child have any health issues? Allergies?

Are your child's immunizations and tetanus booster current? **Yes** **No**

What are your child's strengths?

Is there anything else you would like our teachers and staff to know?

Picture Permission

I give my permission to have my child's picture posted on the Urbandale United Church of Christ's website, www.urbucc.org, Facebook page *and* understand that their name will NOT be published. **Yes** **No**

Parent/Guardian Covenant

I promise to assist my child's Sunday school teachers in providing the best experience possible for _____ by updating this information as necessary. I will communicate any changes regarding the above information and notify my child's teachers who is responsible if I have to be out of the church building for any reason.

Signatures(s): _____ **Date:** _____