



**God's Love Sunday School Registration Form
2017-2018 School Year
For ages 3 to Grade 6
Sundays at 10 AM**



Parent/Guardian Name(s): _____

E-Mail Address(es) _____

Address (street, city, zip): _____

Cell Phone Number(s): _____

Please circle which phone number to use first.

We are: _____ **Continuing Students** _____ **New Students**

Child #1

Full Name: _____ Nick name _____

Date of Birth: _____ Grade as of 9/1/2017: _____

Special needs, health or allergy alerts: _____

Child #2

Full Name: _____ Nick name _____

Date of Birth: _____ Grade as of 9/1/2017: _____

Special needs, health or allergy alerts: _____

Child #3

Full Name: _____

Date of Birth: _____ Grade as of 9/1/2017: _____

Special needs, health or allergy alerts: _____

Flip the page to complete the form and to register additional children.

Parents' Location: Please let us know where you plan to be during the Education Hour, Sundays from 10am to 10:50am.

Circle all that apply:

Adult Education Class Fellowship in the Café Helping in one of the classes

Nursery with younger child Other: _____

Photo Release: *I understand that the church will occasionally photograph the Sunday School activities and I give my permission for photos of my child(ren) to be used in the church's efforts to reach out to the community.*

Signature _____ Date _____

Additional Information: *Please use this space to tell us anything else you would like the church to know about your family, and how we can best equip you to pass on the Christian Faith to your child(ren).*