



**God's Love Sunday School Registration Form
2020-2021 School Year
For ages 3 to Grade 6
Sunday Mornings**



Parent/Guardian Name(s): _____

Email 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 9/1/2020: _____

Special needs, health or allergy alerts: _____

Child #2

Full Name: _____ Nick name _____

Date of Birth: _____ Grade as of 9/1/2020: _____

Special needs, health or allergy alerts: _____

Child #3

Full Name: _____

Date of Birth: _____ Grade as of 9/1/2020: _____

Special needs, health or allergy alerts: _____

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

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).*
