

Sunday School Registration 2017-2018

Zion United Church of Christ



Child Information:

Child's Name: _____

(Last)

(First)

(Middle)

Date of Birth: _____

Grade: _____

Child's Name: _____

(Last)

(First)

(Middle)

Date of Birth: _____

Grade: _____

Child's Name: _____

(Last)

(First)

(Middle)

Date of Birth: _____

Grade: _____

Address: _____

Phone Number: _____ Email: _____

(May we share your e-mail with teachers or other CE members?)

Please circle one: Yes No

TURN OVER PLEASE!



Emergency Information:

Parent(s) Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (Other than a parent): Relationship to child?

To whom can we release your child? Relationship to child?



Medical Information:

Does your child have any allergies? (Food or Other) Y N

- If yes, what? _____