

**Sunday School Registration Form – Congregational Church of Mansfield
2009/2010 School Year**

Date: 8/1/09

PARENT INFORMATION

Parents/Guardians: _____
Name Relationship to child/children

Name Relationship to child/children

Address: _____

Phone Number(s): _____

E-mail Address: _____

We always welcome parent volunteers. If you would like to help with the Sunday School in some way please let us know. Thank You!

I would like to help:

I'm interested in being a Sunday School Teacher

In my child's classroom (this is especially helpful in the Pre-K/Kindergarten rm)

On Service Sunday's **With the Christmas Pageant**

With Children's Sunday **Other _____**

I **give** **do not give** permission for my child/children to go outside at various times during the church school year with his/her teacher /aide during church school hours.

Signature of parent/guardian

Date

I **give** **do not give** permission for my child/children to be photographed. Pictures may be used on bulletin boards or in church or local news publications.

Signature of parent/guardian

Date

Child Information Form

Student's Name: _____ **Phone:** (____) ____ - ____

Date of Birth: _____ **Age:** _____ **Grade as of 9/1/09:** _____

Parent's Name(s): _____

Allergies/medical conditions/special needs: _____

Student's Name: _____ **Phone:** (____) ____ - ____

Date of Birth: _____ **Age:** _____ **Grade as of 9/1/09:** _____

Parent's Name(s): _____

Allergies/medical conditions/special needs: _____

Student's Name: _____ **Phone:** (____) ____ - ____

Date of Birth: _____ **Age:** _____ **Grade as of 9/1/09:** _____

Parent's Name(s): _____

Allergies/medical conditions/special needs: _____

Student's Name: _____ **Phone:** (____) ____ - ____

Date of Birth: _____ **Age:** _____ **Grade as of 9/1/09:** _____

Parent's Name(s): _____

Allergies/medical conditions/special needs: _____
