

Jackson Church

2021-2022 Sunday School Registration Form

Name of Parent(s)/Guardian(s): _____

Home Phone: _____ Email Address: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Address: _____ City: _____ Zip: _____

Name (List Each Child)	Birthdate	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

EMERGENCY INFORMATION

Emergency contact person in event parents cannot be reached:

Name: _____ Phone: _____

Relationship to child/family: _____

MEDICAL

Does your child(ren) have any allergies or medical problems we should be aware of? **YES** _____ **NO** _____

If **YES**, note the child's name, allergy, and treatment method or medical problem. Please be aware that we may serve food and juice as snack and we may have class outdoors.

Name(s) and allergy info: _____

MEDIA

We take pictures during many of our church functions. These pictures are sometimes posted online.

Names are never posted.

Parent's Signature: _____