

Sunday Learning Hour 2010-2011

Child Registration Form

Child/Youth First Name: _____

Child/Youth Last Name: _____

Parents/Guardian Full Name: _____

Parents/Guardian Full Name: _____

Home Phone: _____ Parent Cell Phone: _____

Child/Youth Cell Phone: _____ (if applicable) Texts? Y / N

Mailing Address: _____

Parent/Guardian Email: _____

Youth Email: _____ Facebook? Y / N

Date of Birth: _____ Age: _____ Current Grade in School: _____

Allergies & Medications:

Talents and Interests: _____

The information on this page will be kept in classrooms.

Confidential Information

(This information will remain confidential with access by pastoral staff and as permitted by parents/guardians) Please be as detailed as you deem necessary, knowing this information will help secure a safe environment for your children.

Medical: _____

Behavioral: _____

Emotional: _____

Other: _____
