

St Peter's United Church of Christ

Children & Youth Christian Education Registration Form

Sunday School
Sunday mornings at **8:15am**

Prep 1 & 2
Sunday mornings at **8:15am**

Confirmation Year 1
Wednesday evenings at **6pm**

Parent/Guardian Information

Name (first & last)

Street Address

City, State, & ZIP

Home Phone

Cell Phone

Student Information

Name	Sex	Birth Date	SS Grade, Prep1,2 or Conf1
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

_____ I Am Interested In Teaching Sunday School (Alone/In Partnership With Someone) – Preferred Age Group _____

_____ I Am Interested In Helping – Preferred Age Group _____

_____ I Am Interested In Serving On Our Church's Christian Education Ministry Team

In case of Emergency

Please list an emergency contact if a parent cannot be reached in worship or at home

Name	Phone Number	Relationship to child
------	--------------	-----------------------

Does your child have any allergies that teachers/staff need to be aware of? YES NO

If yes, please describe:

Does your child take any medications that teachers/staff need to be aware of? YES NO

If yes, please describe:

Are there any special conditions teachers/staff need to be aware of? YES NO

If yes, please describe:

While I understand that every reasonable precaution will be taken, in the event of an emergency I authorize any member of the Christian Education staff to get emergency help for my son/daughter as is deemed appropriate.

I understand that every attempt will be made to contact me in case of an emergency.

I understand that my child may be photographed during his/her Christian Education classes and those photographs may be used for promotional materials for the church (perhaps in the Lamplighter or on the church's website). Your child's name will not accompany the photographs online.

Parent(s) signature

Date