

St Peter's United Church of Christ

Children & Youth Christian Education Registration Form

Sunday School
Sunday mornings at 8:15am

Prep 1 & 2
Wednesday Evenings at 6:30 pm

Confirmation 1 & 2
Wednesday evenings at 6:30pm

Parent/Guardian Information

Father's Name	Mother's Name
Street Address	Street Address
City, State, & ZIP	City, State, & ZIP
Home Phone	Home Phone
Cell Phone	Cell Phone

Student Information

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

- I Am Interested In Teaching Sunday School - 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