



**200 N Main St
Pine Island, MN 55963
(507) 356-4553
SUNDAY SCHOOL REGISTRATION FORM**

Child's

Name _____ DOB _____

Phone _____ E-mail _____

Address _____ Town _____ ZIP _____

Parents' Names _____ Alt.Address _____

School Grade _____ SS Grade _____ Allergies _____

Information that would be helpful to your child's teacher: _____

Does your child have any special talents or skills (i.e., musical instrument) _____

In Case of an emergency contact _____

Is there anyone else bringing your child to church _____

Names _____

Name and grade of siblings:

_____ grade _____ grade _____

_____ grade _____ grade _____

_____ grade _____ grade _____

Children up through grade four must be picked up by an adult or sibling in grade 5 or higher at their classroom immediately following worship service. Please fill in the following information for anyone that will be picking up your child, and sign and date the form at the bottom. Remember to revise this form in the Religious Education office if there are any changes during the year. Thank you.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signature of Parent or Guardian _____ Date _____

I authorize _____ / do not authorize _____ publication of my child's photograph via newspaper, web site or other publication. Signature of Parent or Guardian _____ date: _____

PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)
Address	City	State ZIP Code
Name of Facility (Camp/Church/School)		
Address	City	State ZIP Code
Dates of Attendance		

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above. I also give consent to have pictures taken and used in church, bulletins or on the web. (please circle one) Yes No

Print Name	
Signature	Date

ADDITIONAL INFORMATION:

Exclude from following Activities:

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