



REGISTRATION FORM

For Sunday School

Please fill in the blanks with the name(s) of each child separately.

If there are no allergies write "Not known"

** write "Same" if the information is identical*

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

FATHER'S NAME: _____ Phone _____

MOTHER'S NAME : _____ Phone _____

Home Phone: _____ EMAIL: _____

ALLERGIES (drugs, food) _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

FATHER'S NAME: _____ Phone _____

MOTHER'S NAME : _____ Phone _____

Home Phone: _____ EMAIL: _____

ALLERGIES (drugs, food) _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

FATHER'S NAME: _____ Phone _____

MOTHER'S NAME : _____ Phone _____

Home Phone: _____ EMAIL: _____

ALLERGIES (drugs, food) _____

PARENT'S SIGNATURE: _____ **Date** _____

Persons authorized to bring / pick up your child at school: (indicate the number of ID / passport)

Name: _____ ID: _____

Name: _____ ID: _____