



BLAST CHILDREN'S SUNDAY SCHOOL REGISTRATION FORM
VPK – 5th GRADE

Child's Last Name: _____ Child's First Name: _____

Age: _____ Date of Birth: _____ / _____ / _____ Grade: _____ Male Female

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Phone: _____ Email Address: _____

New Life Bus Rider: Yes No

EMERGENCY CONTACT DURING SUNDAY SCHOOL

I will be in the church building: No

Yes (if yes, please check where you will be) Sunday School Other _____

Cell Phone No.: _____

OR

Emergency Contact: _____ Phone No.: _____

Does your child have any special needs, allergies or diet restrictions that we should be aware of? Yes No If yes, how should we handle? _____

I give my consent for my child to participate in all Sunday School activities & games. I give my permission for my child to be photographed and/or videotaped. I understand that the images may be displayed in church publications, church buildings or church websites. I understand that as a precaution, my child's name will not be published or linked with photographs.

Signature of Parent/Guardian

Date