

# Sunday School 2015-2016



make GRACE your base!

1) Child's last name: \_\_\_\_\_ Child's first name: \_\_\_\_\_  
name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age as of 9/1/2015: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Allergies/concerns: \_\_\_\_\_

2) Child's last name: \_\_\_\_\_ Child's first name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age as of 9/1/2015: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Allergies/concerns: \_\_\_\_\_

3) Child's last name: \_\_\_\_\_ Child's first name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age as of 9/1/2015: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Allergies/concerns: \_\_\_\_\_

4) Child's last name: \_\_\_\_\_ Child's first name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age as of 9/1/2015: \_\_\_\_\_ Grade in school: \_\_\_\_\_ Allergies/concerns: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone(s): \_\_\_\_\_

Email address: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Persons authorized to pick up my child/children:

\_\_\_\_\_

Persons not authorized to pick up my child/children:

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**I give permission for my child to participate in Sunday School programs. Their leaders have permission to photograph/video my child in any manner or form for any lawful purpose associated with our SS program.**

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