

HOP Sunday School Registration Form

Child #1 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade entering in the fall: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Mother's email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's cell: \_\_\_\_\_ Father's email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact phone: \_\_\_\_\_

Will you remain at church during Sunday School? (circle one) YES NO

Are you interested in helping to teach, or be a classroom helper for Sunday School? YES NO

May we use pictures of your child(ren) on the church Facebook page & website? YES NO

Are there any special family circumstances that teachers should be aware of? Please use back.