



2017-2018
Sunday School Registration Form
Rock of Ages Church
 (Age 4 - 6th Grade)



DATE: _____

Family Information:

Parent/Guardian #1 Name:	Home Phone:
Parent/Guardian #2 Name:	Cell Phone:
Mailing Address:	Email:

Student Information: (if you have more than three children in Sunday School, please use the back of this form)

Child's Name:	Age on September 1:
Date of Birth:	Grade in September:
Special Information: Food Allergies, etc.	

Child's Name:	Age on September 1:
Date of Birth:	Grade in September:
Special Information: Food Allergies/Medical conditions, etc.	

Child's Name:	Age on September 1:
Date of Birth:	Grade in September:
Special Information: Food Allergies/Medical conditions, etc.	

Please fully complete

Child's Name:	Age on September 1:
Date of Birth:	Grade in September:
Special Information: Food Allergies/Medical conditions, etc.	

Child's Name:	Age on September 1:
Date of Birth:	Grade in September:
Special Information: Food Allergies/Medical conditions, etc.	

Ways to help! (Shauna will contact you with further information)

- Yes, I would love to be a TEACHER! (one month time commitment)**
- Yes, I would love to be an occasional Substitute!**
- Yes, I would love to help out with Sunday School special events!**



With your help we can provide the best Sunday School environment possible for our children.



Photo Release: September 2017 through August 2018, Rock of Ages Church occasionally has the opportunity to use photos to promote the Sunday School program, VBS and other church activities. Uses might include a display board, church newsletter, church website, etc. No names will be used on the website or in press releases. I give Rock of Ages Church permission to include my child(ren) _____, _____, _____, _____ in photos used for informational or promotional purposes. _____.

Parent Signature

If you would rather not have your child photographed, please leave the above area blank.

Emergency Contact		
Name:	Phone Number:	Relationship: