

EXAMPLE SUNDAY SCHOOL REGISTRATION FORM

Your church information

Month/Year

Participant's Name: _____ Participant prefers to be called: _____

School: _____ School Grade: _____

Birth Date: _____ Gender: _____

Participant email address: _____ Participant Phone Number _____

Best Way to Contact: _____

Civic Address: _____

Mailing Address (if different): _____

Does this participant have any physical, mental, emotional or behavioral conditions that the youth group leaders should be aware of? (Please use the back of this form or an additional pages if necessary)

Restrictions on activities: _____

Please list allergies and reactions: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Day Phone: _____ Night Phone: _____

Email address: _____ Best Way to Contact: _____

PHOTO RELEASE:

Photos and videos may be taken during Sunday School events, and these may be shared online or in print with the parish, the broader community or the diocese. Shared content will only use first names and will not include any personal information. Please indicate your consent by circling yes or no, and signing below.

Online: Yes No Print: Yes No

Participant Signature: _____ Parent/Guardian Signature: _____