



# Sunday School Registration

## 2010

(Nursery - 12<sup>th</sup> Grade)

### Family Information

Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

email #1 \_\_\_\_\_ email #2 \_\_\_\_\_

### Emergency Contact Information

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

Phone: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

### Child Information

Child 1:

Name (first & last): \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade this Fall: \_\_\_\_\_ Child's Email (or N/A) \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Child 2:

Name (first & last): \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade this Fall: \_\_\_\_\_ Child's Email (or N/A) \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Child 3:

Name (first & last): \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade this Fall: \_\_\_\_\_ Child's Email (or N/A) \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

**Child Information (cont.)**

Child 4:  
Name (first & last): \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade this Fall: \_\_\_\_\_ Child's Email (or N/A) \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Check-In/Out Information**

- **CHECKING YOUR CHILD IN FOR CLASS:**  
Nursery-5<sup>th</sup> grade **MUST BE CHECKED IN** using one of our new computerized check-in stations in either the nursery or the downstairs foyer.
- **PICKING UP YOUR CHILD AFTER CLASS:**  
Nursery through 2<sup>nd</sup> graders will only be released to a preauthorized parent/family member who also has the proper claim ticket for their child. Children's Sunday School will be in session until 11:20. Please be timely.

\_\_\_\_ A parent will always pick up my child(ren) nursery age-2<sup>nd</sup> grade

\_\_\_\_ I would like to authorize another person/family member to pick up my child.

Please specify: \_\_\_\_\_

**Photo Permission**

From time to time we take pictures during activities and ministries at Chapel Hill. We would like your permission to use these pictures on our website, in our newsletter, or on our bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for PCHUM's purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children:

\_\_\_\_ YES. I grant you permission to use photos of my child on PCHUM's website, bulletin board, and /or newsletter.

\_\_\_\_ NO. Please do NOT use any photos of my child(ren)

**Signature**

Signature of person filling out form: \_\_\_\_\_ Date \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_