



Sunday School Registration

2011

(Nursery - 12th 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: _____

--CONTINUE ON OTHER SIDE--

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-5th 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 2nd 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-2nd 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:

