

**Please complete one for each child and return to the Church Office**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ School grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ E-mail : \_\_\_\_\_

Are you willing/able to help out with teaching or special events?  
If so, to what extent?

\_\_\_\_\_

Does your child have any food or other allergies?  
If yes please identify

\_\_\_\_\_

Does your child have any special learning needs that you would like to share  
with his/her teacher?

\_\_\_\_\_

Do you consent to having your child's picture on the Church website/facebook page?  
yes \_\_\_\_\_ no \_\_\_\_\_

Signature \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Other than parents)

Phone no. \_\_\_\_\_