



Sunday School Student Registration

Child's Name: _____

Age: _____ Birthday: _____ Current Grade: _____

Parent's: _____

Contact Number's: _____

Email: _____

PHOTO/SOCIAL MEDIA PERMISSION: Circle one of the following statements:

YES: Rock Rapids UMC may use my child's photo in church related publications

NO: Rock Rapids UMC may **NOT** use my child's photo in church related publications

MEDICAL INFORMATION

Allergies or other Medical Conditions: _____

In Case of Emergency, Contact: _____

Phone Number: _____ Relationship to Child: _____