



St. Andrew's Episcopal Church

Sunday School Registration Form

Pre-school Age 3 through 8th Grade

School Year _____

Student Information

First Name _____ Last Name _____

Likes to be called (nickname) _____ Birth date _____ Grade in School _____

Address _____

Allergies, medical restrictions or other health information about your child _____

Anything else we should know about your child _____

Parent Information

Father/Guardian Name _____ Cell Phone _____

Mother/Guard Name _____ Cell Phone _____

Address _____

Home Phone _____

Email _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Photo Consent

I give permission for use of my child's photo for classroom projects, church website, or other church publications.

Yes

No

Comments _____
