

2015-2016 Sunday School Registration



Sunday School Registration for 2015-2016 is open to all students in preschool through high school.

For more information or questions, please contact:

Kallie Stroh, Director of Children and Family Ministries kalliestroh@campbellunited.org or 408-378-3472 x14

Family Information

Parent/Guardian 1: *(First & Last Name)*: _____

Address: _____ City: _____ Zip: _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

During the program year, we communicate with our families via email.

Primary Email Address *(Required)*: _____

Parent/Guardian 2: *(First & Last Name)*: _____

Address *(If different than above)*: _____

Land-line Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

We are:

Members of CUMC

Non-members

Would you like an invitation to the next new member class? Yes No

Child 1 Information

Full Name *(First, Middle and Last Name)*: _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2015: _____

Baptized: Yes No Denomination/Date: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Child 2 Information

Full Name *(First, Middle and Last Name)*: _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2015: _____

Baptized: Yes No Denomination/Date: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Child 3 Information

Full Name (First, Middle and Last Name): _____

Birth Date: _____ Male Female Graduation Year: _____

Grade in Fall 2015: _____

Baptized: Yes No Denomination: _____

Special Needs, Allergies, Additional information we should know about your child: _____

Emergency Contact Information

Emergency Contact Name (Other than Parent/Guardian): _____

Relationship: _____

Primary Phone on Sundays: _____ Is this a: Cell Home Work

Secondary Phone on Sundays: _____ Is this a: Cell Home Work

Name of person/s who are allowed to pick-up your child/ren from Sunday School: _____

Photo Release

I, _____, parent/guardian of the minor/s _____

give permission

do **not** give permission

for images of my child/ren to appear in church publications, on the church website, in church videos, promotional literature, advertisements and other printed/electronic material.

Signature: _____ Date: _____

(For partial permission, e.g., permission for child to appear in printed material but not online media, such as website, please specify below and sign.)