

Sunday school registration form

Sunday School Registration Form

Thank you for registering your child for Sunday school. Please complete one form for each child so our team has the information needed to provide a welcoming, safe, and supportive environment.

Health & safety

Please tell us about allergies, medical conditions, medications, accessibility needs, or other considerations that may affect your child's participation. This information should be shared only with church staff or volunteers who reasonably need it to care for your child.

Parents and guardians are responsible for providing accurate and current information and for notifying the church if important contact, medical, allergy, pickup, or support information changes.

Pickup & child safety

Children should be released only according to the church's check-in and pickup procedures. Please identify any adults who are authorized to collect your child and provide any important custody or pickup restrictions the ministry team needs to know.

Please provide only the information necessary for the church to follow the appropriate pickup arrangements. Church staff may request additional verification where required by church policy.

Emergency care

If your child becomes ill or is injured, the church will make reasonable efforts to contact a parent or guardian using the information provided. If a parent or guardian cannot be reached and urgent care is reasonably necessary, authorized church representatives may contact emergency medical services and provide relevant health information to responders.

Photography & media

The church may occasionally take photographs or videos during Sunday school or church activities. You may choose below whether your child may appear in church communications or promotional materials. Declining media permission should not prevent your child from participating.

Child information

Child's full name *

Child's date of birth *

School grade or year *

Preferred name or nickname

Parent or guardian

Parent or guardian contact details *

First name *

Last name *

Phone *

Email *

Relationship to child *

Second parent or guardian name

Second parent or guardian phone number

Emergency contact

Emergency contact name (someone other than the parent or guardian above) *

Emergency contact phone number *

Emergency contact relationship to child *

Medical, allergy & support information

Does your child have any food, medication, environmental, or other allergies? Please include the severity and what staff should know.

Does your child have any medical conditions or health concerns we should know about?

Does your child use any medication, inhaler, epinephrine auto-injector, or other emergency medication that may be relevant while attending?

Does your child have any accessibility, learning, communication, sensory, behavioral, mobility, or other support needs that would help us care for them well?

Is there anything that commonly helps your child feel comfortable, calm, included, or supported?

Is there anything else about your child that would be helpful for the Sunday school team to know?

Pickup authorization

List the adults authorized to pick up your child, including their relationship to the child.

Are there any pickup, custody, or safety restrictions the church needs to know about?

Church & Sunday school

Has your child attended Sunday school or children's ministry before?

- ☐ No, this is their first time
- ☐ Yes, at this church
- ☐ Yes, at another church

Are there any faith, family, cultural, or other considerations you would like the Sunday school team to be aware of?**Communication & media****How may we contact you about Sunday school? Select all that apply. ***

- ☐ Email
- ☐ Phone call
- ☐ Text message

Photography and video permission *

- ☐ Yes — my child may appear in church photos or videos used for church communications or promotional purposes
- ☐ Internal use only — my child may appear in photos shared privately with participating families or within the church
- ☐ No — please do not intentionally photograph or record my child

Parent or guardian consent

☐ I confirm that I am the child's parent or legal guardian, or otherwise have authority to register the child for Sunday school. *

☐ I give permission for my child to participate in age-appropriate Sunday school lessons, games, crafts, worship, and other activities organized as part of the regular Sunday school program. *

☐ I confirm that the medical, allergy, emergency contact, support, and pickup information I provided is accurate to the best of my knowledge and I will notify the church of important changes. *

☐ If I cannot be reached during an urgent situation, I authorize church representatives to contact emergency medical services and provide reasonable first aid or relevant information to emergency responders. *

☐ I understand that the church will use the information provided for Sunday school administration, child safety, pastoral care, and the communication and media preferences selected above. *

Parent or legal guardian signature *