

# Sunday School Registration Form

Please return this signed form as soon as possible to the welcome center or church office or fax to 605-361-2395.

Sundays from 10:00am-10:45,  
September—May for children  
through 12th grade.

Parent/Guardian #1 Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

*[If different from above.]*

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of September 13: \_\_\_\_\_ Grade in school for school year 2009-2010 [if applicable]: \_\_\_\_\_

Allergies or other conditions of which we should be aware(food reactions, physical limitations, ADD/ADHD, etc.):  
\_\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of September 13: \_\_\_\_\_ Grade in school for school year 2009-2010 [if applicable]: \_\_\_\_\_

Allergies or other conditions of which we should be aware(food reactions, physical limitations, ADD/ADHD, etc.):  
\_\_\_\_\_

*[Additional spaces on reverse.]*

I am available to help. . .

- As a substitute teacher    As a parent classroom helper    As a member of the Education Ministry Team

Comments: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Good News Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Good News Church's Children's programs when I am unavailable to give such consent. This authorization shall be effective from September until May of the 2009-2010 year.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of September 13: \_\_\_\_\_ Grade in school for school year 2009-2010 [if applicable]: \_\_\_\_\_

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Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age as of September 13: \_\_\_\_\_ Grade in school for school year 2009-2010 [if applicable]: \_\_\_\_\_

Allergies or other conditions of which we should be aware(food reactions, physical limitations, ADD/ADHD, etc.):  
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