



SUNDAY SCHOOL REGISTRATION FORM

Flanders Baptist and Community Church 2023-2024

Today's Date _____ Student Grade in Sept. 2023 _____

(Please **PRINT** current information.)

Name: _____ Birth date

____/____/____

Address: _____

Town _____ Zip _____

Phone _____ Emergency Phone _____

Cell _____ Email _____

Name of Parents/Guardians: _____

Name of those (other than parents/guardians) eligible to pick up student from Sunday School:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

HEALTH INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL FOR OUR STAFF:

Any urgent medical needs, such as bee sting or food allergies, asthma, diabetes, etc.? Please indicate the protocol for such possibilities:

Other matters you want us to know, in confidence, that you believe would help us serve your child:

I give my permission for photographs of my child to be taken during church events and used on the church web site and newsletter using first name only:

_____ (Parent/Guardian signature.)

Date _____

- _____ I am interested in finding out more about: teaching, assistant teaching, or substitute teaching and would like to be contacted.
- _____ I am willing to help out with sales by baking or selling items.
- _____ I can provide an extra pair of hands when needed.
- _____ I have a special interest, talent, or skill that might be helpful to the program and would be willing to share it with the students. (Please specify your interests below)

