

# New Life Sunday School Registration Form 2021 - 2022

408 E. 8<sup>th</sup> Street, PO Box 2074  
Washington MO 63090 636.432.5052  
[www.NewLifeChurchMO.org](http://www.NewLifeChurchMO.org)



**Sundays, 9:30am**

**Parent/Guardian's Name:** \_\_\_\_\_

**Relationship to the child:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Numbers- Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dismissal Information-** Name(s) of person(s) that may pick up this child from Sunday School:

**Child's Name:** \_\_\_\_\_

**Age Information-** \_\_\_\_\_ (circle one)  
**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male / Female**

**Grade for 2021-2022:** \_\_\_\_\_

**Allergies/Medications:** \_\_\_\_\_

**Other Health Concerns:** \_\_\_\_\_

(SEE NEXT PAGE FOR ADDITIONAL CHILDREN)

**Parent/Guardian Signature** \_\_\_\_\_

\*\* New Life Church reserves the right to use photos and video of Sunday School participants for publicity purposes.

I hereby give permission for my son/daughter to participate in Sunday School at New Life Church. I hereby release New Life Church of Washington, MO, its agents, employees, volunteers and any and all persons connected therewith, and discharge from any and all liability claims and causes of action of any type whatsoever arising out of or in any way connected with participation in Sunday School.



Child's Name: \_\_\_\_\_

Age Information-  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) **Male / Female**

Grade for 2021-2022: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age Information-  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) **Male / Female**

Grade for 2021-2022: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age Information-  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) **Male / Female**

Grade for 2021-2022: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age Information-  
Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ (circle one) **Male / Female**

Grade for 2021-2022: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_