

New Life Sunday School Registration Form 2024-2025

408 E. 8th Street, PO Box 2074
Washington MO 63090 636.432.5052
www.NewLifeChurchMO.org



9:30am

Child's Name: _____
Parent/Guardian's _____
Relationship to the child: _____
Address: _____ **City:** _____
State: ____ **E-Mail Address:** _____
Zip: ____ **Phone Numbers- Home:** _____ **Cell:** _____ **Work:** _____
Age Information- Date of birth: _____ **Age:** _____
Male / Female
Grade for 2024-2025: _____

Allergies/Medications: _____
Other Health/Behavioral Concerns: _____

Emergency Contacts:
Name: _____ **Phone:** _____
Name: _____ **Phone:** _____

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

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.