

New Life Sunday School Registration Form

2014-2015



Family Information

Parent/Guardian Name(s) _____
 Address _____
 Cell Phone _____ Home Phone _____
 Email _____
 Emergency Contact (name and phone) _____
 Emergency Contact (name and phone) _____

Individual Child Information

Child Name:	Child Name:	Child Name:
Date of Birth:	Date of Birth:	Date of Birth:
Age:	Age:	Age:
Male / Female (circle one)	Male / Female (circle one)	Male / Female (circle one)
Grade for 2014-2015:	Grade for 2014-2015:	Grade for 2014-2015:
Allergies/ Medical Conditions:	Allergies/Medical Conditions:	Allergies/ Medical Conditions: