

Sunday School Student / Family Information Sheet

General Information

Student(s) Name(s): Child #1 _____ Child #2 _____

Student(s) Birth Date(s): Child #1 _____ Child #2 _____

Parent(s) Name(s) _____

Home Address _____

Home Phone _____

Cell Phone _____

Email _____

I prefer to be contacted via: (circle those that apply) home phone cell phone email

Volunteer Information

I am willing to assist with (circle all that apply):

Teaching Sunday School Helping with Sunday School (teacher assistant)

Helping with the Christmas Pageant Other special event assistance

Providing snacks/supplies (as needed)

Allergy Information

Please list any food or other allergies we should know about _____

Alternate Emergency Contact

If I cannot be reached in the event of emergency please contact:

Name _____

Phone _____ Relationship _____

Publicity Release

Please initial. If you do not wish photos to be used please leave blank.

_____ I grant permission for St. Paul's to use photos of my child in its publications (e.g. newsletter, website, etc.)