



BCUC Sunday School Registration Form

Part 1: Name and Mailing Address

Parent/Guardian Name: _____

Street Address: _____

Phone Number: _____ Email Address: _____

Part 2: Child Name and Birth Date

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Mailing address of Child if different from above:

Part 2: Authorized Person

Children 5 years and under are to be picked up at the end of the Sunday School hour. Please list the person(s) authorized to pick up your child: _____

Emergency contact during the Sunday School hour:

I will probably be in the church building

Other: _____

Part 4: Medical Information and Other Notes

Please list the name of your child and any medical conditions, allergies, etc.

Other Notes:
