



REGISTRATION FORM

Name of Parent(s) or Guardian(s):	
Address:	
Phone Number(s): (Texting Y / N)	
Email Address(es):	
Emergency Contact #1:	Phone:
Emergency Contact #2:	Phone:

Fill chart out below for all children entering grades K-6th

#	Name of Child	Date of Birth	Current Grade	Special Needs and/or Health Concerns
1				
2				
3				
4				
5				

By signing this form, I grant permission for my child(ren) to attend the Sunday School Program at the United Church of Christ in Bayberry.

Parent or Guardian Signature: _____ **Date:** _____

Promotional Consent:

I agree to allow my child(ren)'s image to be used by the United Church of Christ in Bayberry on the church's bulletin board and/or website. Children will not be identified by name.

Parent or Guardian Signature: _____ **Date:** _____

Please submit this form to the United Church of Christ in Bayberry – Att: Children's Minister (Jannie DeWees)