**SUNDAY SCHOOL REGISTRATION FORM 2017-2018**

Student’s Name (Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1/Guardian’s Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Best Phone) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2/Guardian’s Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Best Phone) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State and Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent1/Guardian’s best email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent2/Guardian’s best email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like e-mails sent to me about…

 Middle School Youth Group  High School Youth Group  Events for Families

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

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Emergency contact (e.g. doctor, nurse, trusted adult’s name & phone #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available to help . . .

 As a teacher  substitute teacher  As a parent helper in the classroom

 As a member of the Christian Education Team  As a driver for special event

Suggestions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Holladay United Church of Christ staff member or designated representative or volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Holladay United Church of Christ children’s programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September 2016 until August 2017.

Signature of Parent1 or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent2 or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**Return to Abby Brown, Director of Community Life via e-mail or in person community.life@holladayucc.org**