2026-2027 Sunday School Information

Child's Name (first and last)_____

Home Address _____

_____

Date of Birth _____ Current School Grade _____

Parents' email address _____

Student(s) live(s) with: ___ both parents ___ mother ___ father ___ other

_____	_____	_____
Mother or Guardian's Name	Home Phone #	Cell Phone #
_____	_____	_____
Father or Guardian's Name	Home Phone #	Cell Phone #

If unable to reach parents, emergency contacts

Name _____ Phone # _____

Relationship to child _____

Person(s) to Whom Child May Be Released

_____ _____

_____ _____

Allergies (food/drug/insect bites)

_____

_____

_____

Physical handicaps or limitations

_____

_____

(OVER)

_____

Anything else we should know (fear of thunderstorms, the dark, crowds, bugs, heat sensitivity, etc.)

_____

_____

_____

Please check if you give permission to:

_____ obtain medical care

_____ administer minor first aid

_____ transport by ambulance to the hospital

_____ allow photos to be taken of your child. Photos may be placed on bulletin boards, on promotional material, on Facebook, etc. No names will be published.

_____ _____

Parent/Guardian Signature Date

Please complete and return this form for our records. You may give it to your child's Sunday school teacher or Marlene Dadey, email it to ss@stpaulsuccamity.org, or mail it to the church office at 1979 Weavertown Road, Douglassville.