



Coming Soon . . .

The E & R United Church of Christ Sunday school program

GOD'S GREAT PRODUCTION: BEHIND THE SCENES WITH THE BIBLE

We'll be rolling out the red carpet on Sunday, September 7th at 9am.

.... SUNDAY SCHOOL REGISTRATION FORM • ONE PER FAMILY

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Yes! I, _____ am interested in helping with Sunday school this year.

1) Child's Name: _____ Date of Birth: ____/____/____ Grade completed: _____ Age: _____

Special Needs/Allergies: _____

2) Child's Name: _____ Date of Birth: ____/____/____ Grade completed: _____ Age: _____

Special Needs/Allergies: _____

3) Child's Name: _____ Date of Birth: ____/____/____ Grade completed: _____ Age: _____

Special Needs/Allergies: _____

4) Child's Name: _____ Date of Birth: ____/____/____ Grade completed: _____ Age: _____

Special Needs/Allergies: _____



**Please bring this registration form with you to church on Sunday, September 7th
and give to Mary Ann Proffitt. We look forward to seeing you all then!**

Emergency/Dismissal Contact & Medical/Photo Release Permission

Emergency Contact Info (in case of accident or sudden illness):

Name: _____ Relation to child/ren: _____ Phone #: _____

Name: _____ Relation to child/ren: _____ Phone #: _____

Dismissal Contact Info (the following persons have permission to pick-up above named child/ren):

Name: _____ Relation to child/ren: _____ Phone #: _____

Name: _____ Relation to child/ren: _____ Phone #: _____

Medical Conditions Please note any medical condition(s) and/or medication needs, etc. that we should be aware of :

Child 1) _____

Child 2) _____

Child 3) _____

Child 4) _____

Medical Release Permission: I, _____, being the parent/legal guardian & having legal custody of the following child/ren: _____, minors, do hereby consent to said child/ren participating in activities & related trips of E&R UCC of Waukesha. I do hereby release, discharge & exonerate E&R UCC of Waukesha & all persons acting as teachers or sponsors on said activities & trips from any liability whatsoever resulting from personal injury to said minor(s) or damage to property of said minor(s) which may occur at said activities or trips or connection therewith.

I do hereby assume full responsibility & liability for any acts committed by said minor(s) during activities & trips related thereto resulting in injury or damage to the property of another.

I do hereby acknowledge that I understand that this release is being relied upon by E&R UCC of Waukesha & teachers or sponsors accompanying the children on said trips & activities & without this instrument being executed by me, said minor(s) would not be permitted to attend field trips nor engage in activities related thereto.

I, do hereby authorize the officials of E&R UCC of Waukesha to contact the below mentioned

Physician: _____ **Phone #:** _____ or

Hospital: _____ **Phone#:** _____ & authorize them to render such treatment as may be deemed necessary in an emergency, for the health of said child/ren. In the event physicians, other persons named in the authorization or parents cannot be contacted, the church officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child/ren. I will not hold E&R UCC of Waukesha financially responsible for the emergency care &/or transportation for said child/ren.

Parent/Guardian Signature: _____ Date: _____

Photo Release (permission granted to photograph/video & release images of above named child/ren):

✓ Yes _____ Please initial