RESURRECTION

Sunday School Registration for 2024-2025

Student Information

Last Name	First Name:	Middle Name:	
Age: Date of Birth:	Gender: M F	Did this student attend Sunday School last year? Y N	
Grade entering this year:	School Attending?		
Students Home Address:		City:	Zip:
Has student been Baptized? Y N	Has student receive	d 1 st Communion? Y N	
Parent/Guardian Information			
Father/Guardian Name:	Home	Phone:	Cell Phone:
Mother/Gaurdian Name:	Ноте	e Phone:	Cell Phone:
Child Lives With (PLEASE CIRCLE): Father	Mother Both Parent	s Grand-Parents Oth	er:
*Primary Family Email Address(s):			<u></u>
Allergy/Medical Information			
Does the student have any known allergive please explain:			
Does the church staff have permission to			
Does the Church staff have permission to			
Please list any precautionary steps you w	ould like us to take rega	rding your child's allergy/	medical care:
Emergency Contact (Other than Parent G	Guardian):		
Home Phone:	Cell Phone: Relation to Child:		
<u>Miscellaneous</u>			
programs. LCR may use images and vide	o clips of students in ma	terials such as newsletter	ess of its members, students, staff and rs, website content and postings to official te, we do not tag or name any child or their Y N
Volunteer Opportunity: Sunday School			
Errands: In the classroom as	needed: Prov	ide snack: Org	ganize classroom events:
Help organize special events/activities:	Miscellaneous	needs:	
Signature of Parent/Guardian:		Da	ate: