

**Grace Baptist Church**  
**Sunday School Registration Form**  
**YEAR \_\_\_\_\_**

**GRADE \_\_\_\_\_ AGE \_\_\_\_\_**

**LEADER \_\_\_\_\_**  
OFFICE USE ONLY

**PLEASE PRINT CLEARLY**

Child's first name: \_\_\_\_\_

Last (family) name: \_\_\_\_\_

Birthdate:    month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Parent/Guardian full name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Street address: *(if different from above)* \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

**NOTES: (Allergies, etc.) (use back of page if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to leave the Sunday School Department without adult supervision.

Parent/Guardian Signature: \_\_\_\_\_

If you did not sign above and you may not be picking up the child yourself, we can only release your child to people you specifically designate. Please indicate up to three (3) people, besides yourself, to whom we may release your child.

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_

Freedom of Information and Protection of Privacy Act

In accordance with the Freedom of Information and Protection of Privacy Act, Grace Baptist Church requires parental consent for the release of your child's photograph, video clips or comments in activities that she/he may participate in through church programs. The Sunday School, Christmas or other pageants are examples of where this publication may occur.

\_\_\_\_\_ YES    \_\_\_\_\_ NO I give my consent for the publication of my child's photograph, video clips or comments for purposes consistent with the above. (Note: Names will not be used.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For a complete copy of our "Personal Information Protection Policy" please contact our office.

I would like to know about services and events that happen at Grace Baptist Church

\_\_\_\_\_ YES    \_\_\_\_\_ NO