

**THE CHURCH OF THE COVENANT
SUNDAY SCHOOL REGISTRATION FORM
~2018-2019~**

CHILD'S NAME _____

DATE OF BIRTH _____ **PRESENT GRADE IN SCHOOL** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **EMAIL** _____

CELL PHONE AND NAME _____

PARENTS' NAMES _____

Are you a member of The Church of the Covenant? _____

If not, are you a member of another church: **YES** **NO**

If so, where are you a member? _____

Is your child baptized? _____

DOES YOUR CHILD HAVE ALLERGIES? _____ **If so, please list:**

IS THERE ANYTHING WE NEED TO KNOW ABOUT YOUR CHILD TO EFFECTIVELY TEACH HIM/HER?

Would you be willing to volunteer to help with Christian Education? _____

(Sunday school helper, help with special events, send birthday cards, etc.)

PARENTAL CONSENT/PHOTO RELEASE

____ I DO grant permission for The Church of the Covenant to publish pictures of my minor child with or without names attached, on bulletin boards, brochures, or the church's website.

____ I DO NOT grant permission for The Church of the Covenant to publish pictures of my minor child.

SIGNED _____ **DATE** _____