

Markham Bible Chapel
SUNDAY SCHOOL

Registration Form

September 2014 — June 2015

Student First Name

Date of Birth (Day—Month—Year)

Student Last Name

Gender

School Grade

Parent/Guardian Name

Phone

Parent/Guardian Name

Phone

Home Address

Email Address to receive Sunday School notices

Special information you would like us to know about your child/family:
(i.e. Health needs, allergies, physical limitations, custody issues, etc.)

Parent Signature

Date

From time to time we may take photographs or video of Sunday School activities and possibly use them for advertising. **Do you consent** to your child's photograph being taken and used in this limited manner?

YES

NO

CASE BY CASE APPROVAL