# Sunday School Registration Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Allergies/Medical Conditions</th>
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</tbody>
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**Mother’s Name:**
**Mother’s Cell Phone:**
**Mother’s Home Phone:**
**Mother’s Email Address:**

**Father’s Name:**
**Father’s Cell Phone:**
**Father’s Home Phone:**
**Father’s Email Address:**

**Photo Permission**

I give permission to take my child(ren)’s picture for classroom projects and/or church website. (circle one:)

- Yes
- No

Parent Signature: ____________________________________________________________