



SCS Student Registration Form

Family Name : _____ **Home phone:** _____

Address: _____ **E-Mail** _____

_____ **Cell Phone** _____

Preferred method of contact _____

Children (Grades Prek-8th)

<u>Name:</u>	<u>Grade</u>	<u>B-day</u>	<u>Envelope</u>	<u>Special Needs/Allergies:</u>	<u>Sports? Month</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent/Guardian Information (Emergency info while children are in Sunday School)

<u>Name</u>	<u>Relationship:</u>	<u>Cell Phone:</u>	<u>In Church?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To whom may your child be dismissed to or can sign him/her out early: _____

I give permission for my child's photo to be posted on the Good Shepherd website _____

Does your child participate in sports or other activities which would prevent them from attending Sunday school?

If so, what months? _____

**Our Church School teachers are volunteers not trained in special learning needs. I understand that in the case that my child is experiencing learning challenges in the classroom, I will speak with the teacher and will assist in the classroom as needed.* _____ (Please initial).

Additional comments: _____

Volunteering

There is an expectation of parents and guardians of all children participating in Sunday School that they will contribute a minimum of 2 hours during the church year. Please circle one or more ways you would be interested in helping.

- Co-teach Substitute teach Assist teacher in classroom
- Hall Monitor Help with Super Sunday (Feb 19) Help with Snack purchase and distribution

Name _____