

# San Marino Community Church Sunday School Registration 2009-2010

Father's Name		Cell Phone	
Mother's Name		Cell Phone	
Address			
E-mail		Home Phone	

*Names of all children – Infants through Grade 12*

Last	First	Birth Date	Baptized	School	Gr.	Health*
			Y/N			
			Y/N			
			Y/N			
			Y/N			
			Y/N			
			Y/N			

Other adults authorized to pick up your child \_\_\_\_\_

I would like to assist with Sunday School     Teach     Classroom helper     Prepare a Craft  
 Special event/Celebration     Acolytes     Other \_\_\_\_\_

As the parent or authorized representative, I hereby give consent to San Marino Community Church to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.), EMT, or other emergency personnel for my children.

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent(s) or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

\*Please describe any allergies, activity restrictions, or special considerations:

Signature \_\_\_\_\_ Date \_\_\_\_\_