



Alive and Growing Through God's Grace

INFORMATION and ENROLLMENT FORM FOR SUNDAY SCHOOL 2025-2026

#1 Student Name: _____ Grade: _____

School: _____

#2 Student Name: _____ Grade: _____

School: _____

#3 Student Name: _____ Grade: _____

School: _____

#1 Baptism Date (if known): _____ Location: _____

#2 Baptism Date (if known): _____ Location: _____

#3 Baptism Date (if known): _____ Location: _____

Please list any allergies, medications, medical conditions, special health instructions, or learning difficulties. *(including info such as asthma, ADHD, IEP etc.)*

Parent(s)/ Guardian(s) #1: _____ #2 _____

(Put a check by those ok to use and stars by your preference.)

____ Cell #1: _____ Text? ☐ YES ☐ NO Work # _____

____ Cell #2: _____ Text? ☐ YES ☐ NO Work # _____

____ Home Phone: _____

____ Email #1: _____ Checked daily? ☐ YES ☐ NO

____ Email #2: _____ Checked daily? ☐ YES ☐ NO

#1 Mailing Address _____ City _____ ZIP _____

#2 Mailing Address: _____ City _____ ZIP _____

Emergency Contact, if parent/guardian can't be reached:

Name: _____ Relationship: _____

Phone: _____



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Student's Extra-Curricular Activities & Hobbies

(Please list what you are involved in, including school activities and clubs, as well as other non-school groups, sports or clubs and your personal interests/hobbies.)

Photography/Videography Statement

We may take photos of your child participating in church sponsored activities to be used in the church newsletter, bulletin boards, church website, etc.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where my child may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. In this event, I understand that the pastors/leaders will notify me as soon as possible, but that treatment may be necessary. I give permission for the pastors/leaders to seek and secure any needed medical attention or treatment for my child if such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. Also I agree to waive all liability on the part of any of the churches, pastors, or leaders for any accident or injury that may occur due to or during all confirmation activities?

☐ YES ☐ NO If no, what is your preference/instruction in such an instance?

Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____ **Date:** _____