

SUNDAY SCHOOL ENROLLMENT FORM



Grace Presbyterian Church
Calgary, Alberta

FAMILY name(s)	
Parent/Guardian 1 name	
<i>Email address</i>	
<i>Cell phone number</i>	
Parent/Guardian 2 name	
<i>Email address</i>	
<i>Cell phone number</i>	
Home phone number	
Street address	
City and postal code	

FIRST CHILD

Child's Name (First and Family)	
Birth Date (day/month/year)	
Grade in school for 2017/18	
Health concerns? How can we help your child learn best?	

SECOND CHILD

Child's Name (First and Family)	
Birth Date (day/month/year)	
Grade in school for 2017/18	
Health concerns? How can we help your child learn best?	

THIRD CHILD

Child's Name (First and Family)	
Birth Date (day/month/year)	
Grade in school for 2017/18	
Health concerns? How can we help your child learn best?	

FOURTH CHILD

Child's Name (First and Family)	
Birth Date (day/month/year)	
Grade in school for 2017/18	
Health concerns? How can we help your child learn best?	

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By initialling each statement below, I acknowledge the following:

- My child may come into contact with, or be served, snacks as part of the programming. I have accurately provided info regarding allergies and medical conditions and will update as necessary. _____
- Photos of programs and activities may occasionally be taken to record gatherings and events. These photos may be shared publicly during the service and through media such as, but not limited to: the bulletin, website, social media, and newsletters. (Group photos only, names will not be posted) _____
- Children Grade 4 and under require a parent/guardian to pick them up promptly at the end of service. _____
- Children Grade 5 and above may leave the classroom with parent’s consent. _____
- Children may be picked up by a guardian aged 12 or older with parent’s consent. Please list names: _____

- Registration information is collected and kept for statistical purposes, church records, and pastoral care purposes by Sunday School teachers, Elders, and Ministers. _____

Please drop off the completed form at the church office, or email it to office@gracecalgary.org

Signature: _____ **Date:** _____

With this signature, I acknowledge the above to be accurate. I understand that my family’s privacy will be protected.