## 2019 Sunday School Family Registration & Release Form

Please have an adult represent	ative from your	family fill this	s out.	Today's Date:	
Parent/Guardian Name(s):			Phone:		
Address:			Zip		
Email Address:					
accompany their child to t children before 9:55 a.m. also ask that a PARENT or	heir classroor - teachers a GUARDIAN   ck up your chil	n to drop the record the record the record to the rec	nem off. F their fina child by	ask that a parent or guardian Please do not drop off your old preparations for class. We 10:55 a.m. each week. If you our child so the teachers know	
Below, please list those wh	no are author	<b>ized</b> to pick	cup your	child.	
Pa			rent or guardian signature		
Child's Name D	ate of Birth	Grade (this fai	//) <u>Health/</u>	Educational Concerns	