

Registration for Sunday School & Nursery

About your children:

1. Child's full name: _____

Date of Birth (dd/mm/yr) _____ Grade _____

Is there anything the teachers and assistants should know about?

Food Allergies _____

Medical Needs _____

Behavioural Issues _____

2. Child's full name: _____

Date of Birth (dd/mm/yr) _____ Grade _____

Is there anything the teachers and assistants should know about?

Food Allergies _____

Medical Needs _____

Behavioural Issues _____

(More than 2 children? Please use the back)

I give permission for my children to be issued a name tag and to wear it when they are at church.

(Signature)

I give permission for pictures of me or my children to be published in print or electronically for the purposes of TUC

(Signature)

About you:

Parent 1: (full name) _____

Address _____

Telephone #'s _____ Email _____

Parent 2: (full name) _____

Address (if different from above) _____

Telephone #'s _____ Email _____

This information is collected to comply with the UCC Privacy Standards Policy and is to be used only for the purposes of programs at TUC.

Our Sunday school program is a success because of dedicated parents like you.

Please indicate how you would like to help us in our program:

(Please check the appropriate boxes):

- ☐ I would like to be a Nursery caregiver.
- ☐ I would like to lead a class: ____ Arts ____ Cooking ____ Games
- ☐ I would like to assist in a class.
- ☐ I would like to help lead the high school class.