

Grace United Church of Christ, Kohler WI
graceucckohler@gmail.com
2023-2024 Sunday School Registration Form
4K-6th grades Sunday mornings from 9:00-9:45 a.m.

Parent/Guardian Information

Name (first & last)

Street Address

City, State, & ZIP

Primary Phone

Secondary Phone (optional)

Contact Preference (circle one) CALL EMAIL TEXT MAIL

Email address

Child Information

Name (first & last)	Birth Date (with year)	Grade (entering)

If there is any specific food or material allergy please be sure to highlight that as sometimes there are snacks provided for example.

In case of Emergency

Please list an emergency contact if a parent cannot be reached in worship or at home

Name	Phone Number	Relationship to child
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Does your child have any allergies that teachers/staff need to be aware of? YES NO

If yes, please describe:

Does your child take any medications that teachers/staff need to be aware of? YES NO

If yes, please describe:

Are there any special conditions teachers/staff need to be aware of? YES NO

If yes, please describe:

While I understand that every reasonable precaution will be taken, in the event of an emergency I authorize any of the Church School volunteers to get emergency help for my child as is deemed appropriate.

I understand that every attempt will be made to contact me or my listed alternate in case of an emergency.

I understand that my child may be transported by someone other than myself for Church School activities.

I understand that my child might be photographed during Sunday School class or activities and that those photographs may be used for promotional materials for the church. Your child's name will never accompany any photographs online.

Parent(s) signature

Date