



Coral Gables Congregational Church
United Church of Christ

Today's Date: _____

2009-2010
SUNDAY SCHOOL REGISTRATION FORM
(ONE FORM PER CHILD)

Youth / Child's full name: _____
Birth date: ____/____/____ Age (as of Sept. 1, 2009): _____ Gender: Male / Female
Church Member of: _____ Baptized: Yes / No School Grade (as of Sept. 1, 2009): ____
Youth Email: _____ Youth Cell phone: _____

- Parent or Guardian Contact Information -
(Home phone and E-mail required)

Parent's full name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ **Work phone:** _____
Cell phone: _____ **E-mail:** _____

Parent's full name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ **Work phone:** _____
Cell phone: _____ **E-mail:** _____

Guardian's full name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ **Work phone:** _____
Cell phone: _____ **E-mail:** _____

- Youth / Child Background Information -

Child's School: _____
Child's Special Interests and Activities: _____

Any Allergies: _____

Siblings attending church school: Yes or No
Names and Ages: _____



SUNDAY SCHOOL REGISTRATION FORM (Part 2)

- Emergency Contact Information -

In case of emergency, contact the following individuals:

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Name of Health Insurance Company: _____

Policy Number: _____

*I authorize medical treatment for my child in case of accident or illness,
if parent cannot be located or if an emergency situation should arise.*

- Additional Information -

Additional information that would assist us in ministering to your child: _____

- Authorized Pick-up -

Who can pick-up this child?

Mother: Yes or No

Father: Yes or No

**Note: We CANNOT forbid any parent access to their child without a Court Order.*

The following individuals are authorized to pick-up my child:

**Note: Siblings under 18 years of age CANNOT sign-in or sign-out children.*

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Address: _____

**Note: We reserve the right to refuse anyone access to your child whose name is not listed.*

Parent's Signature: _____ **Date:** _____

Please print: _____