

Unity Hill UCC  
Sunday School Registration  
2014-2015

The Christian Education Committee welcomes your child(ren) to Sunday School! We don't want them to miss any of the fun and enriching activities planned for the coming year, so *please fill in this form completely and legibly*. Return it to the Christian Education Committee on Registration Sunday, September 14<sup>th</sup>, or mail to the church office at 364 White Plains Road, Trumbull CT 06611

Names of Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Email \_\_\_\_\_

Please check one:     Member     Newcomer

As the parent/guardian of a Sunday School student at Unity Hill, I understand that I will sometimes be asked to participate.

\_\_\_\_\_  
Signature

If needed, I would prefer to help with (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> teaching Sunday School | <input type="checkbox"/> special events             |
| <input type="checkbox"/> nursery                | <input type="checkbox"/> wherever I am needed most! |

I understand that Unity Hill takes pictures during Sunday School and at church event and gatherings. I hereby  give  do not give permission for my child's picture to be used in church material such as, but not limited to, brochures, newsletters and website. \_\_\_\_\_

Initial

Please let us know about any special needs your child may have (allergies, asthma, diabetes, severe anxiety, etc.). Some Sunday School classes may share snack as part of the curriculum. Please indicate below any food allergies or restrictions we should know about.

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Aug. 2014 \_\_\_\_\_

Food Allergies or Special Needs \_\_\_\_\_

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Aug. 2014 \_\_\_\_\_

Food Allergies or Special Needs \_\_\_\_\_

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Aug. 2014 \_\_\_\_\_

Food Allergies or Special Needs \_\_\_\_\_

*Please use the reverse side for additional children.*