

**Riverside Presbyterian Church
Sunday School Registration**

Name of parent/guardian registering child _____
Address _____
E-mail address _____
Home phone _____ Cell phone _____
In case of emergency, which number should we call on Sunday mornings? _____

Name of child _____ Birth date _____ Grade _____
Address (if different) _____ Home phone (if different) _____
Does your child have any medical conditions, allergies, or dietary restrictions we should be aware of? _____

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Do you give consent for anyone besides a parent or guardian to pick up your child(ren) from Sunday School? If so, name(s) and phone number(s)

Are you a member of RPC? _____ If not, how long have you been attending? _____

I assert that all the information that I have given is true and complete to the best of my knowledge. I understand that I am to meet my child at 9:50 in the social hall, they will not be released to anyone other than those listed above, and I am not to leave my children in a classroom without adult supervision.

Signature _____ Date _____

____ I have read the child protection policy
____ I have completed the photo release