



Today's Date: \_\_\_\_\_

## Family Sunday School Registration Infant-5th Grade

Fill out one form per family per year! If information changes during the year, contact Emily Snyder at [emilysnyder@spconline.org](mailto:emilysnyder@spconline.org).

# PAGE 1

Parent name (s): \_\_\_\_\_

Family Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Home Ph: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

Member of SPC? Y/N

**Child #1 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

**Child #2 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns/history or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

**Child #3 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns/history, or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

**Child #4 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns/history or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

**OVER**  For Signature

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**Child #5 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns/history or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

**Child #6 Name** \_\_\_\_\_ M / F Birth date \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Biggest interest: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns/history or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

- I would like to receive the SPC eNews weekly email (no need to check if you already receive).
- I would like to receive email communications from SPC children's ministry specific to my children's ages.
- I would like to find out how to join the SPC facebook pages including the SPC families facebook page.

## WAIVER & RELEASE FOR CHILDREN'S MINISTRY AND SUNDAY SCHOOL AT SPC

This medical history for each child listed is correct to the best of my knowledge and my child(ren) is/are current on all immunizations. In the event I cannot be reached in an emergency, I hereby give permission for the health care provider(s) selected by Sammamish Presbyterian Church (SPC), or its employees or agents to hospitalize and secure treatment, including, but not limited to injections, anesthesia, or surgery for my child(ren). In addition, I give permission for SPC employees or agents to take my child/children to the hospital in the event of medical emergency. I agree that I will not hold the Presbytery of Seattle, Sammamish Presbyterian Church, its employees or agents, responsible for any accident or injury arising out of my child's/children's participation in SPC Sunday School or other children's events sponsored by SPC. I grant my permission to SPC, SPC personnel and their agents to use photographs, motion pictures or recordings, or any other record of this activity for any legitimate purpose.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_