

CHURCH SCHOOL REGISTRATION

PARENTAL CONSENT INFORMATION

Church School personnel have my permission to treat and transport my child(ren) in the event of a medical emergency.

My child(ren) has (have) my permission to participate in any walks or trips planned as part of the Church School Program, provided she or he is under responsible adult supervision and I am notified in advance if they are to leave the church neighborhood.

By signing below, you acknowledge that you have read and completed both sides of this form, and that you grant your consent to the items shown above:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please note that your Registration Information will be treated as confidential and used only for purposes directly related to our Church School and Religious Education programs.

*Thank you for your commitment to our Religious Education Program
and for sharing your children with us!*