

# Yorkville Congregational United Church of Christ

## Sunday School Registration Form 2019 - 2020



Last Name \_\_\_\_\_

Parent's Names: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Name \_\_\_\_\_

Children being registered:

First Name	Last Name	Grade in school	Birth Date

Do any of your children have food or medical allergies? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child/children have any other concerns we should be aware of?**

---

**Does YCUCC have permission to publish your children's photographs or videos in the church or community newspapers or social media? \_\_\_Yes No**

.....

**Liability Release Form (please list all children attending)**

**I hereby give my permission for \_\_\_\_\_**

---

**To participate in the Yorkville Congregation United Church of Christ Sunday School program. I further agree to release, indemnify and hold Yorkville Congregation Church, its officers, board members, employees, volunteers or other representative in any capacity harmless from or for any claims, causes of actions, liabilities or damages that arise as a result of or in connection with my child's participation in the program. I understand that I will be notified as soon as possible in the case of any emergency that may arise with my child. Further, I give my permission for Yorkville Congregation United Church of Christ staff or leaders of the Christian Education School program to obtain emergency medical treatment in my absence.**

**Parent/Legal Guardian signature: \_\_\_\_\_**

**Print Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Name of Insurance Company: \_\_\_\_\_**