

**PARKLAND FELLOWSHIP SUNDAY SCHOOL  
REGISTRATION FORM**

**Date:**

\_\_\_\_\_

**Child's Name:**

Surname:

\_\_\_\_\_

First Name & Initial:

\_\_\_\_\_

Nickname:

\_\_\_\_\_

Birth Date:

\_\_\_\_\_

**Significant Others**

Mother:

\_\_\_\_\_

Father:

\_\_\_\_\_

Guardian:

\_\_\_\_\_

Siblings & Ages:

\_\_\_\_\_

Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Where parents will be during service:

In Service  Parent Room  Teaching Sunday School

Other:

\_\_\_\_\_

Other Safe Adults  
(allowed to pick-up  
your child):

\_\_\_\_\_

Special Pick-up  
Instructions:

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

Food Allergies

Nut  Egg  Gluten

Other: \_\_\_\_\_

Other Allergies

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

## Permission

I give my permission to Parkland Fellowship to keep the information above in records for the use of the Parkland Fellowship Children's and Youth ministries.

Yes  No

I hereby give permission for Parkland Fellowship church to film my child without compensation, during regular and special Children's Ministry activities through video, photo and digital photography, to be used for promotional material, publications, and crafts to go home with my child.

Yes  No

**Parent's**

**Signature:** \_\_\_\_\_

\_\_\_\_\_