



Laurel Community Church Sunday School Registration

Date _____ Child's Grade _____

Child's Name: Last _____ First: _____ Middle Initial: _____

Nick Name: _____ Sex: M F Home Phone: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____

Child Resides with: Both Parents _____ Mother _____ Father _____ Guardians _____

Primary Contacts name and email address: _____

Father's Name: _____ Cell Phone: _____

Address if different than child's _____

Mother's Name: _____ Cell Phone: _____

Address if different than child's _____

Name of Brothers and Sisters	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Other Household Members	Relationship
_____	_____
_____	_____

Medical
Family Physician: _____ Phone: _____

Names of Medications currently taking: _____

Allergies: _____

Anything else we should know about your child? (ie. Interests, pets, fears etc.)
