**Huntington Chapel Sunday School/Nursery**

**2021-2022 Registration Form**

\*\* Please List all children attending ages 3-5th grade in one family

**Children’s Information**

**Child’s First and Last Name Grade Birthday Age**

1:

2:

3:

4:

5:

6:

7:

8:

**Parents’ Information**

Parent/Guardian Name: Cell #:

Email: Home #:

Address:

Town: State: Zip-code:

Parent/Guardian Name: Cell #:

Email: Home #:

Address:

Town: State: Zip-code:

Emergency Contact (if other): Name:

Email: Cell:

**Please specify any medical, allergies (food allergies), or educational needs (along with name of child):**

**Service Opportunities**

I would like to serve in my child’s Sunday School class. Please call me to schedule dates.

Helper Substitute-Teacher

Snack Provider Other

My consent is given to the Huntington Chapel staff and volunteers to treat my kids medically as needed

Parent/Guardian: (Print) Parent/Guardian (Signature) Date

Note: Your signature gives consent for release of photos/videos for God honoring promotional purposes online and in print