

Bonhomme Children's Sunday School Registration Form

2017-2018

For children 2 years by 7/31/17 through entering 5th Grade

(Please Print)

FAMILY INFORMATION

Parent's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Mom's Cell # _____ Dad's Cell # _____

Mom's Email _____ Receive Children's Ministry Emails?

Dad's Email _____ Receive Children's Ministry Emails?

Child's Name	Gender (Please circle)	Fall 2017 Grade	Birthday (month, day, year)	School attended
_____	F M	_____	_____	_____
_____	F M	_____	_____	_____
_____	F M	_____	_____	_____
_____	F M	_____	_____	_____

MEDICAL AND SPECIAL INFORMATION: Are there any allergies or medical conditions we should be aware of? If so, please describe. Are there any conditions or behavior issues that we should know about so that we can best provide assistance for a positive Sunday school experience? If so, please describe.

Child's Name: _____

Child's Name: _____

Child's Name: _____

PHOTOGRAPHIC CONSENT: Enrollment authorizes Bonhomme to photograph your child for print, video, or electronic imaging. I understand these images may be used in promotional materials for Bonhomme and will be the sole property of Bonhomme.



BONHOMME
WHERE FAITH GROWS