

Mount Olive 2015-2016 Education Registration

Please complete and return it by August 23 or ASAP to the education box below the mailboxes.

Child's Preferred Name:

Parent(s) Name(s):

Sunday School Grade:

School:

Birth Date:

Baptism Date:

Family Email:

Additional Emails: _____

Address:

Phone Numbers:

Home:

Mother: _____
 work cell

Father: _____
 work cell

My child spends alternate weekends with his/her other parent.

Address _____

Please list any medical problems, diet restrictions, learning or behavioral concerns, health concerns and medications:

How can Mount Olive best support your child and you in handling these issues?

Is it okay to share this information (confidentially) with your child's Sunday School teacher(s)? _____ yes _____ no

During the education hour, where at church can a parent be found?

Adult Forum/Study

Gathering Area

Volunteering at Sunday School

Other

Occasionally photos of the children's activities are used in the newsletter, website and around church. Names are never published with the pictures.

I give permission for my child to be photographed for these purposes

I do not give permission for my child to be photographed for these purposes.

Parent Signature

Date