

# Holy Apostles Orthodox Church

1884 US HWY 150, Bloomington, IL 6705

309-663-5755

## Sunday School Registration, 2020-2021

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street and Number, Apt #

City

State

Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent contact: \_\_\_\_\_

Name

Home Phone

Cellphone

Emergency Contact (other than parents) Name of person(s) who may pick up this child from Sunday School:

Name

Phone

Relationship

Name

Phone

Relationship

Allergies/Medical Conditions/Other Concerns: \_\_\_\_\_

Does Your Child have an Epi-pen \_\_\_ Yes \_\_\_ No

Is there anything you would like us to know about your child? \_\_\_\_\_

If I am not available and a medical emergency arises, the supervising teacher has my permission to seek medical help at:

\_\_\_\_\_  
Name of Hospital

I give my permission to take my child's picture for classroom projects and/or church website: \_\_\_ Yes \_\_\_ No

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

