

# Shepherd of the Valley

## Sunday School Registration 2008-2009

(for 3-year-olds through 6th grade)

### Primary Home Information

<b>Address</b>	<b>Mother's/Guardian's Name</b>	<b>Father's/Guardian's Name</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<b>Her Cell #</b> <input style="width: 40%;" type="text"/>	<b>His Cell #</b> <input style="width: 40%;" type="text"/>
<b>Home Phone</b> <input style="width: 40%;" type="text"/>	<b>Her Work #</b> <input style="width: 40%;" type="text"/>	<b>His Work #</b> <input style="width: 40%;" type="text"/>
<b>Family Email Address</b> <input style="width: 95%;" type="text"/>	<b>Her Work Ext #</b> <input style="width: 40%;" type="text"/>	<b>His Work Ext #</b> <input style="width: 40%;" type="text"/>

### Secondary Home Information (If you would like mailings to go to an additional address please provide the following)

<b>Guardian</b>	<b>Address</b>	<b>Home Phone</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Sunday School Hour (9:00 or 10:30)

Emergency Contact Person while at Sunday School if the parents are not able to be reached.

I GIVE  I DO NOT GIVE my permission to use photos of my child on SOV related publications. Please note that no names will be used in any publications.

<b>Last Name</b>	<b>Birthdate</b>	<b>School Attending or will be when K-6</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>First Name</b>	<b>Gender</b>	<b>2008-09 Class 3yr*, 4yr*, K, 1, 2, 3, 4, 5, 6</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Name Child Goes By</b>	<b>Baptized (Y/N)</b>	<b>*Your child must be 3 or 4 by August 31, 2008.</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**Drug Allergies**

**Food and other Allergies**

State any MEDICAL CONDITIONS OR SPECIAL NEEDS of your child (ie. Asthma, ADHD, etc.)

**May we share this with your child's Shepherd?** Yes No

**Is there anything we should know to help make your child's Sunday School experience a safe and positive one?**

**May we share this with your child's Shepherd?** Yes No

<b>Last Name</b>	<b>Birthdate</b>	<b>School Attending or will be when K-6</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>First Name</b>	<b>Gender</b>	<b>2008-09 Class 3yr*, 4yr*, K, 1, 2, 3, 4, 5, 6</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Name Child Goes By</b>	<b>Baptized (Y/N)</b>	<b>*Your child must be 3 or 4 by August 31, 2008.</b>
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**May we share this with your child's Shepherd?** Yes No

**Parent's Signature**  **Date**