

For Office Use: P _____
D _____

Sunday School Registration 2022-2023

Student's Name: _____ Preferred Name: _____

Parent/ Guardians: _____

Are you a member of First UCC Sauk City? Yes _____ or No _____

Home Phone Number(s):(_____) _____ Cell Phone Number(s): (_____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____-____-____ Age: _____ Grade in School: _____

Family Email Address (Main form of Communication): _____

Emergency Contact Name: _____ Emergency Contact Phone:(____) _____

Special Needs that may limit participation in Sunday School: _____

Does your child have any Allergies: _____

Health problems or medications that the Sunday School Staff Should be aware of: _____

Does First UCC Sauk City have permission to take pictures/ videos of your child for the use in church publications? (example: website, newsletter, special events info.)

Please Check: Yes _____ or No _____

Do you need help with Tuition? Yes _____ or No _____

(if no, please include tuition payment of \$25 cash or check made out to **First UCC Sunday School** program with name of student in the memo)

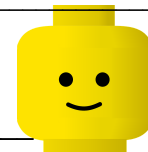
How are you able to help? _____

(Teach, volunteer for special event, provide scholarship for another student's tuition)

Dates or events willing to volunteer or teach _____

(Grade or weekly rotation to teach, 1st Sunday of the month activities, Substitute teacher, Christmas program, etc.)

Parent/ Guardian Signature: _____



*Students will not be admitted without a current enrollment form on file.

*Please see webpage for additional enrollment forms or email firstuccsaukce@gmail.com