

**Park Ridge Community Church ~ Sunday School Registration Form**  
2019 - 2020

**STUDENT INFORMATION** (*one student per form, please*):

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ New to Sunday School? *Yes or No* New to PRCC? *Yes or No*

**CONTACT INFORMATION:**

Parent / Guardian Name(s): \_\_\_\_\_

EMAIL: \_\_\_\_\_ (*please note that email will be our primary means of communication regarding Sunday School events and scheduling*)

Preferred Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
*please circle: cell or home? mother, father or guardian? cell or home? mother, father or guardian?*

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION:**

Emergency Contact Name (parent or additional person): \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies (*food or otherwise*): \_\_\_\_\_

Special Needs: \_\_\_\_\_

\* \* \* \* \*

I give permission for my child to attend Sunday school at Park Ridge Community Church. I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me.

I give permission to use any video, photographs, or written statements from my child's Sunday school experience in public relations materials, including the internet, without compensation. No last names will ever be shared in such materials.

I have read the above waiver information and agree to all terms:

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to** Teri Biedke / Shelley O'Brien, Directors of Children's Ministries,  
Park Ridge Community Church, 100 S. Courtland Ave., Park Ridge IL 60068

**Questions?** 847.823.3164 x 19 or [sundayschool@parkridgecommunitychurch.org](mailto:sundayschool@parkridgecommunitychurch.org)

**Church website:** [www.parkridgecommunitychurch.org](http://www.parkridgecommunitychurch.org)