

Episcopal Church of the Advent
Adventure Kingdom Sunday School
2017-2018 Registration



Child's Name: _____

Parents' Name(s): _____

Address: _____

Phone Number: _____ Email Address: _____

Child's Birth Date: _____ Child's Grade _____

Emergency contact (other than parent) and phone number:

Allergies/Medical conditions or other concerns: _____

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

Parent's Signature: _____ Date: _____