

# REGISTRATION FORM

Church of the *Ascension*  
Children and Youth Ministries



SUNDAY  
SCHOOL

## STUDENT INFORMATION

Student Name:  Date Of Birth:

Preferred Name:  D D M M Y Y

Allergies or Medical Conditions (Please list):  Current grade:

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:  Relationship to Student:

Full Address  Phone #:

Email :

Emergency Contact:  Phone #:

## ADDITIONAL INFORMATION

How did you hear about our Sunday School program?

Is there anything else you would like to tell us about your child?

## PERMISSION TO PARTICIPATE:

I understand that my child will be participating in age-appropriate activities during Sunday School. In the case of an emergency and I cannot be reached, I grant permission for medical treatment to be administered to my child.

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Date : \_\_\_\_\_

THANK YOU FOR YOUR INFORMATION

More Information : +410-848-3251 (Office) / office@ascension-westminster.com  
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