

**Valley Evangelical Free Church**  
**Registration For Sunday School**

**Family Information:**

Name \_\_\_\_\_ Home PH \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Willing to Substitute: Yes/No  
Father's Name \_\_\_\_\_ Willing to Substitute: Yes/No

**Child's Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F  
Birthday \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Medical or Physical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Information:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F  
Birthday \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Medical or Physical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Allergies \_\_\_\_\_  
Other Medical or Physical Conditions:  
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\_\_\_\_\_  
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Name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F  
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Allergies \_\_\_\_\_  
Other Medical or Physical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give Valley Evangelical Free Church permission to use photographs of me and/or my children in communication materials including, but not limited to, website, print media, video productions, posters, community publications or any other promotions used by Valley E. Free Church.

Family Representative (Print and Sign)

Date