



St. Andrew's Learning Center & Sunday School 2019-2020 Registration Form

Youth Information

Full Name: _____ **Goes by:** _____

Birth Date: ____/____/____ Age: _____ Grade in 2019/20: _____ Gender: F M

Special Needs: _____ Allergies: _____

Full Name: _____ **Goes by:** _____

Birth Date: ____/____/____ Age: _____ Grade in 2019/20: _____ Gender: F M

Special Needs: _____ Allergies: _____

Full Name: _____ **Goes by:** _____

Birth Date: ____/____/____ Age: _____ Grade in 2019/20: _____ Gender: F M

Special Needs: _____ Allergies: _____

Full Name: _____ **Goes by:** _____

Birth Date: ____/____/____ Age: _____ Grade in 2019/20: _____ Gender: F M

Special Needs: _____ Allergies: _____

Parent/Guardian Information

Full Name: _____ **Relationship to Youth:** _____

Cell: _____ Email: _____

Full Name: _____ **Relationship to Youth:** _____

Cell: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Photo Consent

Do you give permission for St. Andrew's to use photos of your children on the church's website, Facebook page, and/or in printed material? The names of the children will never be used with the pictures. Y N

Volunteering

Parents are strongly encouraged to help teach/assist from time to time in the classrooms. Are you willing to help?
 Y N

Code of Conduct

I will respect myself and others. I will listen. I will wait my turn. I will share. I will try to act like Jesus to the best of my ability.

**** PARENTS MUST REMAIN ON CHURCH GROUNDS WHILST THEIR CHILDREN ARE IN CLASS ****

Signature: _____ Date: _____