

St. Mark's Sunday School & Confirmation Class Learner Information Sheet

Name of Child/Youth: _____

Age: _____ Birth Day: _____ Grade: _____

Parent's/Guardian's Name(s): _____

Address(s): _____

Phone Number(s): _____

E-Mail Address(s): _____

Is the child/youth a member of St. Mark's? YES _____ NO _____

If NO, is the child/youth a member of another church? YES _____ NO _____

If YES, please indicate the name of the church: _____

Siblings' Names & Ages: _____

Who may pick up the child/youth? (Name & Relationship): _____

LOCAL Emergency Contact Name, Phone #, & Relationship: _____

Allergies or Special Needs: _____

Interest of Child/Youth: _____

Name of School, Preschool, or Daycare and Any Additional Helpful Information:

I give permission for _____ to attend St. Mark's Sunday School/ Confirmation Class Program for the 2015/2016 year. In the event of medical emergency I authorize St. Mark's staff to seek medical attention for my child/youth (named above). I will assume responsibility for any/all resultant expenses. Every attempt will be made to notify the parent/guardian or emergency contact first.

Parent/Guardian Signature & Date