

# Sunday School Registration Form

2014

Family Name:

DATE(dd/mm/yyyy): \_\_\_\_\_

Parent(s)

First Name(s)	Nationality	Home Phone	Mobile Phone	Email

Address

Street	
City	
State	
PLZ/Postcode	

Child/children

Name	Gender Boy/Girl	Age	D.o.B. dd/mm/yyyy	Language	Grade	School

Is there anything we should know about your child? e.g. allergy, diet, special needs, learning difficulties, behavioural difficulties .**This information is important and enables us to support your child.**


**ICF Children’s Ministry Model Release 2014 – 2015**

International Christian Fellowship of the Taunus occasionally has the opportunity to use photos to promote various ministries and other church activities. Uses might include a display board, church e-newsletter, church website, press releases, etc. No names will be used on the website or in press releases.

I give International Christian Fellowship of the Taunus permission to include

**(Names of children)**


in photos used for informational or promotional purposes.

\_\_\_\_\_  
Signature

Thank you for completing this card. Your data will be treated confidentially and used within ICF only. Please hand it in at the foyer.

**Office Use only**

Sunday School Attendance:

Handoff Date:

DB Entry?

Notes: