

Advent Sunday School Enrollment Form

Family Information

Mother's name: _____ Is Mother a member of the Advent? Yes/No

Father's name: _____ Is Father a member of the Advent? Yes/No

Address of child's residence: _____

Home phone number: _____

Child #1

Full name: _____ Name goes by: _____ Gender: _____

Birthday (Mo/Day/Yr) _____ Allergies/Special Needs: _____

Grade (or, if *summer*, grade most recently *completed*) _____

Child #2

Full name: _____ Name goes by: _____ Gender: _____

Birthday (Mo/Day/Yr) _____ Allergies/Special Needs: _____

Grade (or, if *summer*, grade most recently *completed*) _____

Child #3

Full name: _____ Name goes by: _____ Gender: _____

Birthday (Mo/Day/Yr) _____ Allergies/Special Needs: _____

Grade (or, if *summer*, grade most recently *completed*) _____

Child #4

Full name: _____ Name goes by: _____ Gender: _____

Birthday (Mo/Day/Yr) _____ Allergies/Special Needs: _____

Grade (or, if *summer*, grade most recently *completed*) _____

*******Medical Release*******

In the event that the parent or guardian cannot be found, a representative of the Cathedral Church of the Advent is hereby permitted to authorize emergency medical treatment for the above-named child/children.

Parent/Guardian Signature: _____ **Date:** _____

Please return to: Eva Beard
Cathedral Church of the Advent · 2017 6th Avenue North · Birmingham, AL 35203
226-3518 Fax