



IFP Sunday School Registration and Health Form

Name _____
First Middle Last

{Please fill one form for each child}

Date of Birth _____ Age _____ Home Phone _____

Address _____ City _____ Zip _____

Father's Name: _____ Profession: _____

Mother's Name _____ Profession: _____

Father's Email: _____ Please print
Mother's Email: _____ Please print

Check one: I am currently on the IFP email mailing list and receive all Sunday school emails.
 Please add my email address to the IFP email mailing list so I can receive all Sunday school emails.

Father's Cell Phone _____ Mother's Cell Phone _____

Emergency Contact Name: _____

Home Phone: _____ Must complete
Cell Phone: _____ Must complete

Health Information of Child:

Family Physician: _____ Phone: _____ Preferred Hospital: _____

List all allergies including food allergies, and clearly state any foods that should not be given. Indicate any other health information that may be useful for our records:

This health history is complete and accurate. It is my responsibility to inform the administration immediately if there are any changes in my child's health during the year or if any other health related issues arise.

If there is a change in address, home/cell phone, or there is a change in the emergency contact information, it is my responsibility to inform the administration immediately.

Signature of Parent: _____ Date: _____