

TIME OUT

Sign up sheet

Please fill out completely and return to your child's Sunday school teacher or via mail to Immaculate Conception church.

Child's Name please list all children's names that will be attending from your family.

Child 1: _____ Age ____ Child 2: _____ Age ____ Child 3: _____ Age ____

Parent or Guardian's Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____ Do you prefer Text or Email for correspondence (Circle)

Emergency Contact Name and relationship to Child

Emergency Contact phone number _____

_____ Yes I would love to volunteer when needed!

Ways you can help: prepare crafts, help with snacks, donate supplies, help with sign in or sign out procedures

*Please note: anyone working with children must complete the child safety class called "Protecting God's Children." This class is offered on certain Saturdays and is free of charge.

About your Child

Any allergies or health concerns we should be aware of?

What are your child's interests?
