



15600 North Tamiami Trail, Naples, FL 34110 – (239) 597-1043 - www.christusvictorfl.org  
 Rev. Thomas J. Slater, Senior Pastor  
 Susan O'Brien, Director of Education and Youth

## Sunday School Registration Form

Child's Name \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip

Parent Contact \_\_\_\_\_

Phone numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Parent Contact \_\_\_\_\_

Phone numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home

Cell

Email \_\_\_\_\_

Child cell phone (\_\_\_\_) \_\_\_\_\_ Ok to text? Y\_\_\_ N\_\_\_

Child email \_\_\_\_\_

Has your child:

Been Baptized? Yes \_\_\_ No \_\_\_ More info, please \_\_\_

Received First Communion? Yes \_\_\_ No \_\_\_ More info, please \_\_\_

Been Confirmed? Yes \_\_\_ No \_\_\_ More info, please \_\_\_

Allergies/Medical information we should know (include food allergies):

\_\_\_\_\_  
 \_\_\_\_\_

IN CASE OF EMERGENCY (Emergency contact, not a parent)

Name	Phone number	Relationship

PARENTAL CONSENT (please check Yes or No next to each item):

YES\_\_\_ NO\_\_\_ If I am not available and a medical emergency arises, the supervising teacher has my permission to seek medical help at the nearest hospital.

YES\_\_\_ NO\_\_\_ I give permission to take my child's picture during church events/performances/classroom activities. I authorize their use in print, on the church webpage and online/social media as it relates directly to publications about CVLC.

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date



But when Jesus saw it, he was indignant and said to them, "Let the children come to me; do not hinder them, for to such belongs the kingdom of God."

Mark 10:14

**Our Faith Motto:**

**Come Let Us Gather**

**Together in  
 God's Love**

**Together we will  
 help each other**

**Learn more about  
 God's love**

**Together we are the  
 church**

**WE ARE THE  
 CHURCH!**