



Valley Apostolic
 United Pentecostal Church
Parent Authorization



*Sunday School at Valley Apostolic UPC is held on
 Sundays from 10:00am – 10:50am for children through 12th grade.*

Child's Name _____ Nickname _____

Father's Name _____

Mother's Name _____

Child's Date of Birth ____/____/____ Current Grade in School _____

Address _____

Phone # _____ Household e-mail Address _____

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

Child Release Information: (The names listed may pick up my child in an emergency situation.
 I realize that if a person is not named in this section, my child will not be released to such person.)

Comments: _____

I authorize Valley Apostolic to pick my child up on Sunday's and attend services.

Signature of Parent or Guardian _____ Date ____/____/____

[Office Use]	Contact Signature _____	Date ____/____/____
	Received by _____	Date ____/____/____
	ENTRY/FILED _____	Date ____/____/____