



Sunday School

Registration 2016-2017

Child's Name: _____ Age: _____

Date of Birth: _____ M _____ F _____

Current school grade: _____

Address: _____

City: _____ Zip _____

Home Phone: _____ E-mail: _____

Parent/Guardian name(s):

_____ Cell phone : _____

_____ Cell phone #: _____

Other persons authorized to pick up your child:

Persons NOT authorized to pick up your child:

Allergies/Medical Information/Anything else we need to know:

Parent/Guardian Signature:
