

SUNDAY SCHOOL REGISTRATION FOR 2012-2013

LAST NAME: _____

Address: _____

Child: _____ Age _____ BD _____ Grade _____

Child: _____ Age _____ BD _____ Grade _____

Child: _____ Age _____ BD _____ Grade _____

Child: _____ Age _____ BD _____ Grade _____

Mom's Name: _____ Phone: _____

Cell: _____

Dad's Name: _____ Phone: _____

Cell: _____

BEST E-MAIL ADDRESS TO USE: _____

Please list any allergies, health concerns or special needs your child may have that the teachers and directors should be aware of: