

2009-2010  
Sunday Church School Registration Form

Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

NAME OF CHILD(REN)	GRADE	BIRTHDATE (M-D-Y)	BAPTISM DATE (M-D-Y)	MEDICAL Allergies	TRANSPORTATION walk, pick up, choir
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

PEOPLE WHO CAN PICK UP CHILD(REN) IF PARENTS ARE NOT ABLE:

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

Signature of adult completing form: \_\_\_\_\_