

# Sunday School Registration Form

## 2008-2009

**Please complete this entire form and return it to the church.**

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Where can parent be reached during Sunday School?

\_\_\_\_\_

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know:

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know:

(additional children may be listed on reverse)

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know:

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know:

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know:

Child's Name:

Grade:

Age:

Birthdate:

Baptism Date:

Any allergies or conditions that teachers should know: