

Sunday School Registration 2010-11
(Please fill out completely and return to the church office.)

Family Information:

Last Name: _____

Parent Name: _____

Address: City: Zip: _____

Phones and Best time to reach parent: _____

Email: _____

Please check the area(s) in which you are willing to help:

I am willing to be a Sunday School teacher for grade: _____

I am willing to be a substitute Sunday School teacher for grade: _____

I am willing to be a Sunday School teacher's helper for grade: _____

I am willing to help with the Special Needs Inclusion Ministry: _____

Student Information:

1. First Name: _____

Birth Date: _____ School Grade: _____

Please list allergies or medical conditions which we should be aware:

2. First Name: _____

Birth Date: _____ School Grade: _____

Please list allergies or medical conditions which we should be aware:

3. First Name: _____

Birth Date: _____ School Grade: _____

Please list allergies or medical conditions which we should be aware:

4. First Name: _____

Birth Date: _____ School Grade: _____

Please list allergies or medical conditions which we should be aware:

Parent Signature:
