SUNDAY SCHOOL & YOUTH FELLOWSHIP

STURGEON BAY MORAVIAN CHURCH

REGISTRATION FORM

Student(s) Information

1) _____/_____ _____

Student's Name: Last, First — Male/Female — Birth Date

_____ _____

School Attending — Entering Grade

_____ _____

Special Needs or Allergies — Age (as of 9/1/2021)

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2) _____/_____ _____

Student's Name: Last, First — Male/Female — Birth Date

_____ _____

School Attending — Entering Grade

_____ _____

Special Needs or Allergies — Age (as of 9/1/2021)

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3) _____/_____ _____

Student's Name: Last, First — Male/Female — Birth Date

_____ _____

School Attending — Entering Grade

_____ _____

Special Needs or Allergies — Age (as of 9/1/2021)

Parent/Guardian

Parent(s)/Guardian(s): _____

Name(s) (Last/First)

Address: _____

_____

Phone Numbers:

Mother: _____ _____ _____

Home — Cell — Business

Father: _____ _____ _____

Home — Cell — Business

Email Addresses: _____ _____

Home — Business

Emergency Contact: _____ _____

Name (Last/First) — Phone No.