

# SUNDAY SCHOOL & YOUTH FELLOWSHIP

STURGEON BAY MORAVIAN CHURCH  
REGISTRATION FORM FOR 2019 - 2020

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.

Student(s) Information

1) \_\_\_\_\_ / \_\_\_\_\_  
Student's Name: Last, First /Male/Female Birth Date  
\_\_\_\_\_  
School He/She is Attending Entering Grade  
\_\_\_\_\_  
Special Needs or Allergies Age (as of 9/1/2019)

2) \_\_\_\_\_ / \_\_\_\_\_  
Student's Name: Last, First /Male/Female Birth Date  
\_\_\_\_\_  
School He/She is Attending Entering Grade  
\_\_\_\_\_  
Special Needs or Allergies Age (as of 9/1/2019)

3) \_\_\_\_\_ / \_\_\_\_\_  
Student's Name: Last, First /Male/Female Birth Date  
\_\_\_\_\_  
School He/She is Attending Entering Grade  
\_\_\_\_\_  
Special Needs or Allergies Age (as of 9/1/2019)