

SUNDAY SCHOOL & YOUTH FELLOWSHIP

STURGEON BAY MORAVIAN CHURCH
REGISTRATION FORM FOR 2019 - 2020

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)

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.