

Sunday School Registration 2017-2018

Name: _____

Address: _____

Grade (this fall) _____ Birthdate _____ Phone # _____

Parent's/Guardian's Name _____

Siblings _____

E-mail address (if you use regularly) _____

Does your child have any health problems or allergies that Sunday School teachers may need to be aware of?

Yes____ No____

If yes, please explain _____

Will your child be with another parent some Sundays? Yes____ No____

If yes, how many Sundays a month can we typically expect your child to be with us?

Are you willing to be a: Sunday School teacher?..... Substitute teacher?..... Helper?.....

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- I'm registering my child in Sunday School
- I'm not registering my child in Sunday School at this time.
- Would like to talk to a pastor before registering my child for Sunday School, and I will call the church office.

Comments: \_\_\_\_\_

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