

## **Sunday School Registration**

**Child #1 Information** 

We are excited to begin a new Sunday School year! During their time here with our teachers, your children will be engaged in lessons and activities planned to nurture their faith and teach them what it means to be a disciple of Christ!

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Name:		Birthday	Age	
Grade:Scho	ool	Did they attend Sunday	School Last year? Yes	No
Allergies				
Medical Issues				
	tion we should know ab			
Child #2 Information				
	<del>_</del>			
Name:		Birthday	Age	_
Grade:	School	Did they attend	Did they attend Sunday School Last year? Yes	
Allergies				
Medical Issues				
	tion we should know ab			
Child #3 Information	<u>on</u>			
Name:		Birthday	Age	
Grade:	School	Did they attend	Sunday School Last year	2 Vac

Allergies					
Medical Issues					
Any other informati	on we should know	about your child?			
Child #4 Informatio	_	Divide de la	A		
		Birthday			
		Did they attend Sun		No	
Allergies					
Medical Issues					
Any other informati	on we should know	about your child?			
Guardian #1 Inform	ation				
Name:		Relationship to child:			
Address (including o	ity and zip)				
		Phone:			
Guardian #2 Inform	ation				
Name:		Relationship to child:			
Address (including o	ity and zip)				
Email:		Phone:			
Emergency Contact	Information				
		Relationship to child:			
As a parent/guardia	n of a Sunday Scho	ol student, you may occasionally			
		ran Church permission to post pic etin boards and website.	tures of the Sunday school c	lass,	
Parent Signature:		Date:			