

Sunday school Registration

Student Name: _____ Grade: _____ Birthdate: _____ M F

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Student Name: _____ Grade: _____ Birthdate: _____ M F

Student Name: _____ Grade: _____ Birthdate: _____ M F

Parent/
Guardian: _____

Email: _____

Mailing
Address: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Food
Allergies _____

Special Requirements (things the teacher should know about my child)

