



SUNDAY SCHOOL REGISTRATION FORM

Please PRINT clearly

Date: _____

CHILD'S NAME

DOB

SCHOOL/GRADE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN NAME(S): _____

Home Address: _____

City/State/ZipCode: _____

Home Phone: _____ Mobile: _____

Email address: _____

Mailing address if different from above:

Address: _____

City/State/ZipCode: _____

Emergency Contact

Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email address: _____

Please list any allergies: _____

Has your child been Baptized? _____ Confirmed? _____ (yes or no)

Please list your child's special interests or talents: _____

Is there anything we should know to help ensure the best possible Sunday School experience for your child? Please describe below. This information will be kept confidential. Please include any learning disabilities, physical limitations or relevant custody arrangements.

Parent volunteers are also welcome! Please consider helping out!

_____ I can assist as a parent helper 1 Sunday a month.

_____ I can assist with preparing a craft twice a month.

_____ I am interested in being a Sunday School teacher.

(All volunteers must be in compliance with Diocesan requirements: Safe Church Training. Please speak with Mother Samuel for more information and to be registered for training.)