

Sunday School Registration

2013-2014

PLEASE PRINT CLEARLY

Child's Name: _____ M _____ F _____

Child's Birthday: _____

Child's grade in school (2013-2014): _____

Parent(s) Name(s): _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Allergies/Medical Conditions: _____

-
- Please check here if your child is interested in Children's Choir

PARENTS- Please check if you are interested in volunteering to...

- | | |
|---|--|
| <input type="checkbox"/> Teach Art | <input type="checkbox"/> Teach Science/Games |
| <input type="checkbox"/> Teach Cooking | <input type="checkbox"/> Administrative Help |
| <input type="checkbox"/> Teach Storytelling | <input type="checkbox"/> Assist Teachers on Sunday |