

Sunday School Registration 2009-2010

Child's Name: _____

Birth Date: ___/___/___

Age: _____ Grade: _____

Baptism Date: ___/___/___

Mom's Name: _____

Address: _____

Dad's Name: _____

Address (if different): _____

If we need to get in contact with you during Sunday School, where can we reach you (i.e. sick child)?

Mom's Phone Number Home: _____

Cell: _____

Dad's Phone Number Home: _____

Cell: _____

Other: Name: _____

Phone: _____

Special Needs/Food Allergies/ Medical Conditions:

Please describe so we can best serve your child's needs.

Sunday School Session:

9:15 -10:15 a.m. _____ 3 year old – 6th grade

Wednesday Evening Session:

Faith Weavers

6:50 – 7:15 p.m. _____ 3 year old – 4th grade