



# Sunday School Registration

## 2018-2019

Child Name	Date of Birth	Grade	Allergies	Special Concerns

Parent Names: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Email1: \_\_\_\_\_

Email2: \_\_\_\_\_

Are you interested in:  Teaching  Assisting  Craft Making

(please check)  Other (please specify) \_\_\_\_\_

Do you give permission for your child to be photographed and have his or her picture on the church website, newsletter or newspapers? (please check one):  YES  NO

Signature: \_\_\_\_\_