

Children's Sunday School Registration Form

Child's Name: _____ Age: ____ Grade: ____

Time child will attend Sunday School: 9:30 ____ or 11:00 ____

Parents' Name: _____

E-Mail: _____

Address: _____ Zip: _____

Home Telephone: _____ Cell: _____

I can be found on Sunday mornings at: _____

Food Allergies and/or dietary restrictions: _____

Please return this form to your child's Teacher on Sunday,

or to Tanya Eustace at the church office.
