

SUNDAY SCHOOL REGISTRATION FORM

PLEASE PRINT

Child's Full Name: _____ Date of Birth: _____

Name your child prefers to be called: _____ Age: _____

Mother's Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Address: _____ State: _____ Zip Code: _____

Father's Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Address: _____ State: _____ Zip Code: _____

Which school does your child attend during the week: _____

Medical conditions or allergies: _____

Has this child been baptized? Yes, date _____ Church _____

No, but I am interested in Baptism _____ or No, I am not interested in Baptism _____

Has this child been confirmed? Yes, date _____ Church _____

No, but I am interested in Confirmation _____ or No, I am not interested in Confirmation _____

Comments: _____

(Use the back for additional comments)