

Sunday School Registration Form

Parent / Guardian Information

Mother's Name _____

Father's Name _____

Youth Mailing Address _____

Please check the best way to communicate with you regarding Sunday School information:

- Parent email: _____
- Home Phone # _____
- Cell # _____ circle one: call or text

Youth Information

Name _____

Age as of Sept. 1 _____ Date of Birth _____

Grade Entering this Fall _____

Day of week most likely available for activities _____ am pm

What Activities is this child involved in outside of church? _____

Youth Information

Name _____

Age as of Sept. 1 _____ Date of Birth _____

Grade Entering this Fall _____

Day of week most likely available for activities _____ am pm

What Activities is this child involved in outside of church? _____

Youth Information

Name _____

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