



Sunday School Registration

(Please complete a separate form for each child)

Child's Name _____

Birthday _____ Age _____

Sunday School Grade Attending (circle below)

2yr 3yr 4yr 5yr 1st 2nd 3rd 4th 5th

6th 7th 8th High School Spec Ed

Allergies _____

Baptism Date _____

Address _____

City/State/Zip _____

Email _____

Parent's Name _____

Parent's Number _____ Home/Cell

Contact Person _____

Contact Number _____ Home/Cell

Church Membership at _____

_____ I am not a current member of a congregation.

Alternate Name(s) of who's picking up child _____

If there is an emergency, I can be reached:

_____ in Bible Study (class location _____)

_____ via the contact number above

_____ Sunday School Teacher/Assistant (class _____)