

**SUNDAY SCHOOL REGISTRATION FORM
SEPTEMBER 2009**

**Please correct and/or complete all information
and return to your child's Sunday school teacher.**

Name: _____ **D.O.B.:** _____

Gender: _____ **Nickname:** _____

Father & Mother:

Phone: _____

Address: _____ **Email:** _____

Baptized: YES NO **Date:** _____

1st Communion: YES NO **Date:** _____

Confirmed: YES NO **Date:** _____

School: _____ **Grade:** _____

Sunday school Grade: _____

Medical Concerns and/or Allergies:

Can You Help?

Provide Snacks _____ Prepare Snacks _____

Sub Teach _____ Classroom Helper _____

Group Worship Helper _____ Librarian _____

Table Set-Up/Clean-Up _____ Make Posters _____

Christmas Pageant _____ Other _____