



## SUNDAY SCHOOL REGISTRATION FOR 2017-2018

*Please fill out one form for each child you are registering, and please print.*

Child's Name \_\_\_\_\_  
(First) (Last)

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade in school as of this fall \_\_\_\_\_ School attending \_\_\_\_\_

Parents' Names \_\_\_\_\_  
(First) (Last)

Parents' Phone Numbers \_\_\_\_\_

Parents' email address \_\_\_\_\_

Does your child have food allergies? \_\_\_\_ No \_\_\_\_ Yes If yes, what foods? \_\_\_\_\_

Does your child play an instrument? \_\_\_\_ No \_\_\_\_ Yes If yes, what instrument(s)? \_\_\_\_\_

Other Information we should know:

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