

Sunday School Registration  
2015-2016 School Year



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/s or guardian/s: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_

(cell) \_\_\_\_\_

E-mail/s: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade in school: \_\_\_\_\_

Interested in being an acolyte? (grades 4 and up): yes / no

Food allergies/special needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_