



# SUNDAY SCHOOL REGISTRATION FORM

2016-2017

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_