

# Student Sunday School Registration 2009-2010

*One form per family, please.*

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

Child's First Name/Preferred Name:	Grade:	Birthdate:	ALLERGIES:	Baptised?	Choir?
_____	_____	_____	_____	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N
_____	_____	_____	_____	Y / N	Y / N

Parent(s) First Names: \_\_\_\_\_ Members? Y / N

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

City/State/Zip: \_\_\_\_\_

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

Parent Cell/Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parents' usual location during 9:30 hour (check one):

\_\_\_\_\_ Worship Service      \_\_\_\_\_ Sunday School (list class: \_\_\_\_\_)

\_\_\_\_\_ Choir      \_\_\_\_\_ I would like more information about 9:30 adult opportunities.

\_\_\_\_\_ Home

Please provide any additional information regarding the above allergies, or other medical conditions below: