

Sunday School Registration Form
Christian Education 2015-2016 School Year

Name of Child: _____

Date of Birth: _____ Date of Holy Baptism: _____

Date of First Holy Communion: _____

Entering Grade Level: _____ Age: _____

Parents' or Guardians' Names: _____

Address: _____

Family email address: _____

Phone Numbers: _____

Health Concerns: Food Allergies or Special Needs: _____

Willingness to Volunteer. No experience necessary. We would love the help!

Substitute Teacher _____ What grade? _____

Please fill out this form one per child in the family and return to the church's office ASAP prior to September 6th. This will help the teachers and staff organize their classroom's curriculum needs.

Blessings,

Brianna McKay
Christian Education Director