

**Sunday School Registration Form
Christian Education 2017-2018 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 10th. This will help the teachers and staff organize their classroom's curriculum needs.

Blessings,

*Jessica Keane
Christian Education Director*