

REGISTRATION FOR SUNDAY SCHOOL

FAMILY NAME: _____

NAMES AND AGES OF CHILDREN:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

HOME ADDRESS:

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DO ANY OF THE CHILDREN HAVE ALLERGIES? Yes No

If yes, please describe: _____

A free will offering of \$10 per child / \$25 per family would be greatly appreciated to help defray the cost of the books and supplies. This would be entirely voluntary, and not a requirement to participate!