

Sunday School Registration 2024/2025 School Year

Child's Name _____

Grade Child is ENTERING Fall 2025 school year _____

Child's Birthday (include year) _____

Street Address _____

Any Allergies (medication, food, etc.) List or use N/A _____

Anything else we should know about your child?

Parent/Guardian 1 Name _____

Parent/Guardian 1 Email _____

Parent/Guardian 1 Phone Number _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Email _____

Parent/Guardian 2 Phone Number _____

Are you interested in helping with Sunday School this year?

____ Yes! I can teach consistently (2x a month or more)

____ Yes! I can teach when substitutes are needed

____ Yes! I can help behind the scenes to prepare classrooms or with special events