

**Sunday School Registration Form  
2010-2011**

**Child's Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

**Grade entering:**

\_\_\_\_\_

**School Attending:**

\_\_\_\_\_

**Parent's Name (s)**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**E-mail:**

\_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

**Emergency Contact Phone:**

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Sibling Name(s) and Grade(s):**

\_\_\_\_\_

\_\_\_\_\_

**Please return completed form to the church office!**

**Sunday School Coordinators:**

**Jeff Connlain & Cindy Frantz**