



# Sunday Journey

## Church School Registration Form 2011-2012

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Baptism Date: (if applicable) \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's special interests and activities: \_\_\_\_\_

Any allergies? \_\_\_\_\_

Siblings attending church school?

Names/Ages: \_\_\_\_\_

Emergency contact number during church school hour:

Sign me up for the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Help with Advent Festival on Nov. 20 |  |
| <input type="checkbox"/> Help with Palm Festival on April 1   |  |
| <input type="checkbox"/> Help in Classroom                    | <input type="checkbox"/> Substitute Teaching |
| <input type="checkbox"/> Donate Supplies                      | <input type="checkbox"/> Shop for Supplies   |
| <input type="checkbox"/> Food for Special Occasions           | <input type="checkbox"/> Prayer Support      |
| <input type="checkbox"/> My Suggestion _____                  |  |

Is there any other information that would assist us in working with your child? Please use reverse side of this page.