

Sunday School Registration

STUDENT INFORMATION

Student Name: _____
FIRST MIDDLE LAST

Age: _____ Birthday: _____

Grade: _____

Address: _____

Phone: _____

PARENT INFORMATION

Names: Mom: _____

Cell Phone: _____

Dad: _____

Cell Phone: _____

SIBLING INFORMATION

Sisters: _____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

Brothers: _____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

Parent Signature: _____ Date: _____