

*****Sunday School Resumes at
9:30 & 11:00 on September 7th*****

**Nursery/Sunday School/Children's Youth Group
REGISTRATION FORM
2014-2015**

CHILD'S NAME _____

CHILD'S AGE _____ BIRTH DATE _____

School Grade _____

PARENT/GUARDIAN _____

FAMILY ADDRESS _____

PHONE NUMBER(S) _____

E-MAIL _____

.....

ADDITIONAL INFORMATION:

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

*PLEASE SHARE ANY OTHER INFORMATION THAT WILL ASSIST US
IN MAKING YOUR CHILD'S EXPERIENCE BE A POSITIVE ONE.*

I am willing to volunteer as a helper:

___ 1x month ___ 2x month

****PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS FORM. ONE
PER CHILD PLEASE.**