

Sunday School
Preschool- 5th Grade
2016-17 Registration Form

Student's Name: _____		
Birthdate: _____	Age: _____	Grade: _____ M/F _____
Parent's Full Name(s) _____		
Address: _____		
Street	City	Zip
Phone #: _____	_____	_____
Main	2nd	
School: _____		
Email: _____		

Many opportunities to help---- **ALL KINDS NEEDED!** Please mark your gifts below:

Weekly:

Group Guide _____
(grade level) _____

Occasional:

Substitute _____
Station Leader _____

Behind the Scenes:

Talent you can share

OVER >>