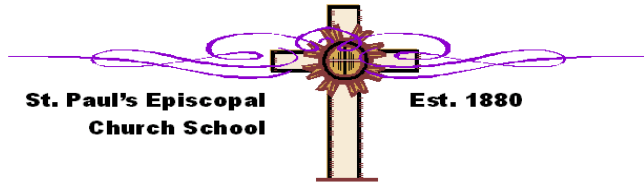


Sunday School Registration Form



Storytellers of the Faith



Child's Name _____ Child's Birthday ___/___/___

Age _____ Grade Level: _____

Parent/Guardian (s) _____

Address _____

****Required** Home # _____ Cell# _____

Email Address (s) _____

List any special conditions or needs such as: allergies or medical problems (Will be held in strictest confidence)

Is your family experiencing a recent change such as: Recent move, change in family structure...If yes, please explain.

Is your child baptized? _____ Will your child receive Holy Communion? _____

Guardian to contact during Service _____

Please check if applicable.

I am available to volunteer.
Parent Volunteers are always needed. The commitment is small however the rewards are GREAT.

Interest in Other Children's Ministries – your information will be forwarded to the corresponding leader.

- Acolytes**
- Drama Ministry**
- Junior Daughter's of the King**
- Jr. or Sr EYC**