



Sunday School Registration Form

Child(ren)

Name

Birthdate

Grade in School Fall 2025

Name(s) of Responsible Adult(s) _____

Address: _____

Primary Mobile # _____ Relationship to child(ren) _____

2nd Mobile # _____ Relationship to child(ren) _____

3rd Mobile # _____ Relationship to child(ren) _____

4th Mobile # _____ Relationship to child(ren) _____

Primary Mobile Preferred Method of Contact (check one): Call _____ Text _____ Email _____

Email(s) _____

Does any child(ren) have any special needs? ____yes ____no If yes, please explain:

Does any child(ren) have any food allergies? ____yes ____no If yes, please explain:

May Grace use pictures of your child for publicity without divulging any information about the identity of your child(ren) ____yes ____no