



# SUNDAY SCHOOL REGISTRATION

“Let the little children come to Me,  
and do not hinder them!

-Matthew 19:14

We are blessed to have your presence in Sunday School each  
Sunday from August 21<sup>st</sup> through May 14<sup>th</sup>.

PARENTS NAMES: \_\_\_\_\_

ADDRESS, CITY, ST, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_(HOME) \_\_\_\_\_(CELL)

EMAIL ADDRESS --- BOTH PARENTS PLEASE

(1) \_\_\_\_\_ (2) \_\_\_\_\_

**We welcome children ages 3 -18 (as of March 31 of the current school year).**

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_ YES \_\_\_\_ NO

WE NEED TO KNOW (allergies, medical condition, etc): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_ YES \_\_\_\_ NO

WE NEED TO KNOW (allergies, medical condition, etc): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

BAPTIZED OR CHRISMATED ORTHODOX: \_\_\_\_ YES \_\_\_\_ NO

WE NEED TO KNOW (allergies, medical condition, etc): \_\_\_\_\_

Please return forms to church office or email to Catherine Fallis at [fallisvc@gmail.com](mailto:fallisvc@gmail.com)