



20__ – 20__ Sunday School Registration Form

Parish: _____

1) Child

Name (Last, First)		
Date of Birth		
Phone #	Home:	Cell:
E-mail		
Grade (in Public School)		
Address		
	City:	Zip:
Allergies (or any other information teachers should know about your child) <i>(information will remain confidential)</i>		

2) Parents/Guardians

Name (Last, First)	Father		
	Mother		
Address (if different from child's address)	Father	City:	Zip:
	Mother	City:	Zip:
E-mail	Father		
	Mother		
Phone #	Father	Home:	Cell:
	Mother	Home:	Cell:

3) Contact Person (in case of emergency, when parents cannot be contacted)

Name (Last, First)		
Phone #	Home:	Cell:
Relationship		
Can pick up child	Yes	No

Please enroll my child in the Sunday School program for the coming year. As the parent or guardian, I understand that I have a sacred responsibility to see to their religious education. This responsibility can only be fulfilled if I work in partnership with the clergy and Sunday School teachers. I therefore promise to make a conscientious effort to see to it that my child attends Sunday School regularly, to work to reinforce their lessons at home, and to participate as needed in the class work, special projects, parent meetings and field trips of the Sunday School.

Signature: _____

Date: _____