



Sunday School Registration

Parent/Guardian Name(s):		Date:
Address:		
Phone Numbers:		
Home:	Cell:	
Email Address:		
With which congregation do you worship? (Circle one)	Christ Church	Living Water
Do we have your permission to use photos of your children on our website?	With Name? Yes/No	Without Name? Yes/No

1. Child's Name	Age & DOB	School Attending	Current Grade

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

2. Child's Name	Age & DOB	School Attending	Current Grade

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

3. Child's Name	Age & DOB	School Attending	Current Grade

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions