

SUNDAY SCHOOL REGISTRATION FORM

Please return completed form to church office or to Sunday school teachers

Child's Name: _____

Birth Date: ___/___/___ Baptism Date: ___/___/___

Check Class going into in the fall:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Preschool 3 year olds (Age 3 by 9/01/09 and toilet-trained) | <input type="checkbox"/> Grade 2 |
| <input type="checkbox"/> PreK 4-5 year olds (Age 4 by 9/01/09 and toilet trained) | <input type="checkbox"/> Grade 3 |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 4 |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 |

Parent Name(s): _____ Member Non-member

Home Phone: _____

Address: _____

Email: _____

- **Are you available on occasion to help/substitute in your child's Sunday school room?**
YES NO
- **Please tell us about your child's individual needs including allergies, restrictions, disabilities, medications and any other information that might be helpful in teaching and caring for your child:**
- **In the event of a medical emergency or serious incident, please list a number we can call you during the Sunday school hour;**
(Please keep your cell phone on vibrate) _____
- **The Prince of Peace Children's Ministry Participation Policy is attached for your review.**

Parent Signature: _____ **Date:** _____