

Sunday School Registration for Kindergarten-4th Grade

Date _____

Please fill out one per child.

Child's Name _____

Child's Birth Date _____ Age _____

*Grade in School (2011-12 school year) _____

Allergies, medical or behavioral concerns

*Cell phone we can reach you at during Sunday School _____

Parent or Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

My child will usually attend (This helps us plan for teachers and supplies) Please circle one:

Saturday Night

Sunday 9:30am

Sunday 11:00am

Parent signature _____

Signature indicates consent for TLC to use children's photos within the Church, TLC's website and/or other publications.

We invite you to be part of our ministry as a volunteer. We have many opportunities to serve, even if you are not able to be a Sunday School Teacher. Please see the Volunteer Registration form.