

Sunday School Registration 2014-2015

First Name: _____

Last Name: _____

Name child prefers to be called: _____

Parent's Names: _____

Address: _____ City _____ ZIP _____

Home Phone/Cell Phone: _____

Email Address: _____

Birthday: _____

Age: _____ Grade in School _____

What activities is your child involved with? _____

Allergies: _____

Things we need to know about your child/Special Needs: _____

Favorite Color _____

Best person/time to contact you: _____

Have you filled out a liability form? Yes _____ No _____

Do you wish to pick up your child after worship (yes) _____ or (Have the teacher release your student at the bell)? _____

Those adults/siblings I approve to pick up my child after Sunday School are:

** We have a mid-week program for all students TK-5th grade, Tues from 5:30-7:30
call the church for more information or contact Amanda at
associatepastor@pcnovato.org