

Sunday School Registration First Congregational Church

Name of Child: _____

Address: _____

Child's Birthdate: _____

Child's Baptism Date: _____

Child's Current Year in School: _____

Today's Date: _____

Parents' Names: _____

Parents' Email: _____

Parents' Cell Phone: _____

Allergies: _____

Health Concerns: _____

Names and Birthdates of Siblings:
