



REGISTRATION FORM

2017/2018 Sunday School

All children age 3 years to 4th grade please complete this form.

REGISTRATION FEE: \$15 per child.



First Child's Name: _____

Date of Birth: _____ Age: _____ School Grade: _____ Gender: _____

Second Child's Name: _____

Date of Birth: _____ Age: _____ School Grade: _____ Gender: _____

Third Child's Name: _____

Date of Birth: _____ Age: _____ School Grade: _____ Gender: _____

Name of parent(s): _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone Number: _____ Parent/caregiver's cell phone: _____

Home email address: _____ Home church: _____

Allergies or other medical conditions: _____

Emergency Contact person (other than parent): _____

Relationship to child: _____ Phone: _____

As the parent/Guardian of a Sunday school student at Family of Christ, I understand that I am expected to participate in this Ministry. I would prefer to help in the following areas:

_____ **Shepherd**

Lead a group of students to stations, approximately 2-3 Sundays a month. You will alternate with 1 or 2 other per group

_____ **Station Leader**

Lead one of these stations twice per Sunday: Cooking, Art, Story or Games. All materials and instructions will be provided.

_____ **Wherever I am most needed!**

_____ **Supplies Gatherer**

Locate all materials needed for upcoming stations according to instructions and organize for station leaders.

Name of volunteer(s): _____

Phone: _____ Email: _____

(Office use) Amount Paid _____ Check # _____ Cash _____