

FIRST CHURCH OF SQUANTUM
2010 – 2011 SUNDAY SCHOOL
REGISTRATION FORM



PLEASE PRINT

ONE FORM PER CHILD REQUIRED

Child's Name: (First) _____

(Last) _____

Address (In Full): _____

Home Phone #: _____ D.O.B.: _____

Grade: _____ (As of Sept. 09)

Any Known Allergies:

Parent or Guardian Name: _____

Emergency Contact Info. (Only if it's different from the above info.)

Name: _____ Telephone #: _____

Relationship to the child: _____

*(If your child has any special requirements, please feel free to speak with your child's Sunday School teacher.)