

REGISTRATION FORM PRESCHOOL & ELEMENTARY 2010—2011 SUNDAY SCHOOL

Please print in ink:

Student's Name: _____

Birth Date: _____ Elementary Grade (fall 10): _____

Preschool Age Level: (birth date by Sept. 1, 10): _____

Parent's Name: _____

Address: _____

E-mail Address: _____

Phone Numbers: Home: _____

Mother's Cell: _____ Father's Cell: _____

Please tell us any additional information concerning your child that you feel would be helpful to us while they are attending our education program (allergies, learning difficulties, first time jitters, etc.)

I am willing to occasionally help out in a Sunday school class if needed:

____ Yes ____ No ____ Maybe, please call me.

If yes, any specific age bracket you are more comfortable with:

____ Preschool ____ Elementary

I am willing to occasionally help out behind the scenes:

During Sunday school hour:

____ Yes ____ No ____ Maybe, please call me.

During the week:

____ Yes ____ No ____ Maybe, please call me.

My child is interested in reading during family worship services.***

____ Yes ____ No ____ Maybe, please call me.

Our family is interested in reading the prayers during family worship services***

____ Y ____ N ____ Maybe, please call me.

***On the 3rd Sunday of each month, we have our 11:00 family worship where students and families participate in worship. Students should be 3rd grade or older, very proficient in reading and comfortable being in front of a microphone during worship. Families should be comfortable reading the prayers of the people.