

Sunday Morning Spiritual Formation Registration Form

Program Time 9:15-10:15 AM, Sundays

Please fill out one form per child.

Student Name _____ **Nickname** _____

Birth Date _____ **Current Age** _____ **Grade** _____

School Attending _____

Allergies or other health concerns: _____

Important information we need to know about your child:

Parent(s) Name(s) _____

E-mail(s): _____

Address: _____

Phone # (home) _____ **(work)** _____ **(cell)** _____

If you are out of town, who might we call as an emergency contact person?

(name) _____ **(relationship)** _____

_____

Thank you for helping to keep our church records current.