

SUMMERSIDE PRESBYTERIAN CHURCH

SUNDAY SCHOOL REGISTRATION FORM

Name: _____

Birth Date: _____ School Year: _____

Name: _____

Birth Date: _____ School Year: _____

Name: _____

Birth Date: _____ School Year: _____

Name: _____

Birth Date: _____ School Year: _____

Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

Mother's Name: _____

Father's Name: _____

Any Allergies? _____

Emergency contact during Sunday School time: _____

I will probably be in the church building: Yes _____ No _____

I am willing to **help** in the following areas: (x) teaching _____ crafts _____

food for special occasions _____ special events (ie Christmas, Easter, Picnic) _____

*****Please see Photo Release Form on reverse side.**