

Sunday School Registration Form

Child(ren) First and Last Name	1.	2.	3.
Male or Female			
Birth date / Age			
Grade as of 2009-2010 School Year			
Special Needs / Allergies			

Parent Information

Name:

Address:

Phone Number (home):

Phone Number: (cell)

E-mail Address:

YES! Please sign me up as a parent participant! Each parent is encouraged to participate in Sunday School in one way. Here are some of the opportunities. Please check the box below.

- Preschool Teacher (alternating, 1 or 2 weeks at a time.)
- Elementary Station Leader: (Each station happens twice, every 8 weeks)

<ul style="list-style-type: none"> <input type="checkbox"/> Cooking <input type="checkbox"/> Computer Lab <input type="checkbox"/> Drama <input type="checkbox"/> Art 	<ul style="list-style-type: none"> <input type="checkbox"/> Music <input type="checkbox"/> Bible Skills and Games <input type="checkbox"/> Video <input type="checkbox"/> Science 	<ul style="list-style-type: none"> <input type="checkbox"/> Shepherd for Upper Elementary (Stay with the group, lead to their station each week.) <input type="checkbox"/> Shepherd for Lower Elementary
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- Lead large group opening