

SUNDAY/WEDNESDAY SCHOOL REGISTRATION FOR 2023-24

Date _____

PARENT NAME _____
LAST FIRST MIDDLE

Mother Father Stepdad Stepmom Other _____
Please circle one

ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE _____ MEMBER? YES NO
(please circle one)

Email: _____

PARENT NAME _____
LAST FIRST MIDDLE

Mother Father Stepdad Stepmom Other _____
Please circle one

ADDRESS _____ TOWN _____

HOME PHONE _____ CELL PHONE _____ MEMBER? YES NO
(please circle one)

Email: _____

CHILDREN'S NAME(s)

Circle one	First Name	Middle Name	Last Name	Grade going to be in this school year	Birth Date
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____

Please check the session you want your child(ren) to attend

_____ 9:45—10:45 a.m. on Sunday

_____ 6:00—7:30 p.m. on Wednesday

Emergency contact if we are unable to reach you.

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO CHILD: _____

If any of your children have health concerns we should know about, please list them here beside their name: