

CE Sunday School Registration Form

Dear Parents and Guardians,

As our church has grown, the Session and the Education Ministry Committee has decided that to be able to better meet the needs of our growing congregation we are in need of a method of collecting information for both current members and new members, as they join us in worship. Please help us in this quest by completing this registration form.

Personal Information

Child's Full Name _____ Nickname _____

Gender _____ Date of Birth _____

Any known allergies, medicines being taken, or medical conditions? _____

Special needs or any other info that will help in teaching your child _____

Parent's Full Name(s) _____

Sibling's Name(s) _____

Contact Information

Address _____

City _____ State _____ Zip _____

Father's Cell Number _____ - _____ - _____ Mother's Cell Number _____ - _____ - _____

Home Phone Number _____ - _____ - _____ Work Phone Number _____ - _____ - _____

We would be interested in helping with (please circle):

snack game art music substitute teaching assistant teaching

We are members of Providence (circle one): yes no interested in becoming a member

** Please list any other important information on the back of this form.*