

2019-2020

ST. MARY'S EPISCOPAL CHURCH

SUNDAY SCHOOL REGISTRATION FORM

CHILD'S NAME _____

MOTHER'S FULL NAME _____

FATHER'S FULL NAME _____

PARENT'S MARITAL STATUS _____

AUTHORIZED PARENT FOR PICK UP _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ (mother/father/student)

_____ (mother/father/student)

TELEPHONE (1) _____ (cell/work/home)

TELEPHONE (2) _____ (cell/work/home)

CHILD'S BIRTHDAY _____ GRADE IN SCHOOL _____

NAME OF SCHOOL _____

OTHER CHILDREN IN FAMILY:

List their names: _____ Birthday _____

_____ Birthday _____

_____ Birthday _____

BAPTIZED: YES/ NO Date _____ Place _____

RELIGIOUS AFFILIATION OF

MOTHER _____ FATHER _____

Please note any health problems or allergies:
