

**Registration for Sunday School
Two Year Olds - Five Year Olds**

Child's Name: _____

Address: _____

Phone Number: (H) _____ **Cell (mom)** _____

(W) _____ **Cell (dad)** _____

Email: _____

Parent's name: _____

Birthday: _____ **Age:** _____

Pre-School or School: _____ **Grade:** _____

Siblings - Names and Ages: _____

Interest: _____

Can your child read? _____

Any family situations that may be helpful for the teacher to know: _____

Is your child taking any medication on a regular basis? _____

Does your child take medication on the weekends? _____

Any medical or physical limitations? Allergies? Please list _____

I/WE would you be willing to help in the classroom: _____

Additional comments about your child that might be helpful: _____

Please return this form to your child's teacher.