

Sunday School Registration 2017-2018

Name: _____ Grade: (Please circle) 3 years PreK K 1 2 3 4 5 6

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Any allergies or medical needs we need to be aware of?

Parent/Guardian Information:

Name: _____ Address: _____

E-mail _____ Phone: _____

I would love to help with Sunday School by:

_____ Teaching _____ Subbing _____ Helping with Special events

Please complete and return for to the Church office.

If you have any questions please call Kim Janke at 240-1251. Thank you!

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