

# Sunday School Registration 2015-2016

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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 Gwen Jacobs at 354-3066. Thank you!

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