# REGISTRATION FORM
# PRESCHOOL & ELEMENTARY
# 2009—2010 SUNDAY SCHOOL

**Please print in ink:**

Student's Name: _____

Birth Date: _____Elementary Grade (fall 09): _____

Preschool Age Level: (birth date by Sept. 1, 09): _____

Parent's Name: _____

Address: _____

E-mail Address: _____

Phone Numbers: Home: _____

Mother's Cell: _____Father's Cell: _____

Please tell us any additional information concerning your child that you feel would be helpful to us while they are attending our education program (learning difficulties, first time jitters, etc.)

_____

_____

Would you be willing to occasionally help out in a Sunday school class if needed:
**Y** **N**

If yes, any specific age bracket you are most comfortable with:

**Preschool** **elementary**

On the 3rd Sunday of each month, we have our 11:00 family worship. This is when students and families participate in worship. Students should be 3rd grade or older, very proficient in reading and comfortable being in front of a microphone during worship. Families also would need to be comfortable in coming forward and able to read the prayers they have been given. If this is something your child or family would be interested in please indicate.

My child is interested in reading for worship. **Y** **N**

Our family is interested in reading the prayers in worship **Y** **N**