

SUNDAY/WEDNESDAY SCHOOL REGISTRATION FOR 2020-21 Date _____

PARENT NAME _____
 _____ LAST _____ FIRST _____ MIDDLE _____
Please circle one **Mother** **Father** **Stepdad** **Stepmom** **Other** _____
ADDRESS _____ **TOWN** _____
HOME PHONE _____ **(REQUIRED) CELL PHONE** _____
MEMBER? YES NO (please circle one) If not would you like to become a Member? **YES NO**
Email (REQUIRED): _____

PARENT NAME _____
 _____ LAST _____ FIRST _____ MIDDLE _____
Please circle one **Mother** **Father** **Stepdad** **Stepmom** **Other** _____
ADDRESS _____ **TOWN** _____
HOME PHONE _____ **(REQUIRED) CELL PHONE** _____
MEMBER? YES NO (please circle one) If not would you like to become a Member? **YES NO**
Email (REQUIRED): _____

CHILDREN'S NAME(s)

Circle one	First Name	Middle Name	Last Name	Grade going to be in this school year	Birth Date
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____
M or F	_____	_____	_____	_____	_____

Please check the session you want your child(ren) to attend
 _____ 9:45—10:45 a.m. on Sunday
 _____ 6:00—7:00 p.m. on Wednesday

Emergency contact if we are unable to reach you.
 NAME: _____ PHONE NUMBER: _____
 RELATIONSHIP TO CHILD: _____

If any of your children have health concerns we should know about, please list them here beside their name:

Are You willing to help with special fun events and/or projects for the school children during the year? **YES NO**
 Would you teach a class or craft, help with music or activities even if only for a month or two? **YES NO**