

**SUNDAY/WEDNESDAY SCHOOL REGISTRATION FOR 2019-2020** Date \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_  
 LAST FIRST MIDDLE

Mother Father Stepdad Stepmom Other \_\_\_\_\_  
*Please circle one*

**ADDRESS** \_\_\_\_\_ **TOWN** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **MEMBER? YES NO**  
 (please circle one)

**Email:** \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_  
 LAST FIRST MIDDLE

Mother Father Stepdad Stepmom Other \_\_\_\_\_  
*Please circle one*

**ADDRESS** \_\_\_\_\_ **TOWN** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_ **MEMBER? YES NO**  
 (please circle one)

**Email:** \_\_\_\_\_

**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: \_\_\_\_\_

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