

# SUNDAY SCHOOL REGISTRATION FOR EMMANUEL, BEL AIR, MD

2019-2020

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current grade level \_\_\_\_\_

Parent's or primary guardian name(s)

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Please provide your preferred method for communication from Emmanuel:

E-Mail Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Name of sibling(s) attending Sunday School

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level \_\_\_\_\_

Please list any special instructions regarding your child(ren)'s care (allergies, family info., etc.) \_\_\_\_\_

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