Sunday School Registration

Lake Edge UCC 2011-2012 School Year

REGISTRATION FORM

Section I: **Parent Information** **Date_____**

Name(s):_____ _____

Address:_____City:_____State:_____Zip_____

Phone (_____)_____ Work Phone (_____) _____ Cell Phone (_____)_____

Person to contact in case of emergency_____ Phone_____

Email Address_____ Would you like to receive e-newsletter? ☐ Yes ☐ No

I would be interested in helping: 2nd Adult__ Teaching__ Group Presenter(*one time thing*)__Music/Drama ___ Breakfast__

Section II **Children**

Name:_____ Age:____Grade in School_____DOB_____

Name:_____ Age:____Grade in School_____DOB_____

Name:_____ Age:____Grade in School_____DOB_____

Name:_____ Age:____Grade in School_____DOB_____

Name:_____ Age:____Grade in School_____DOB_____

Section III **Information**

Allergies or dietary restrictions:_____

Health concerns or any other restrictions:_____

Anything else you would like us to know (i.e. shared custody, special family situation, coming from a long distance, etc.)

_____

_____

How often do you estimate your child(ren) will be attending Sunday School? *This helps for teacher lesson planning.*
Regularly___Every Other Sunday___Occasionally___

Please Contact Kerstin Smith ksmith@lakeedge.org (608) 222-8668
with any questions or if you would like to contribute to the program in any way.