

Sunday School Registration Form 2016-2017

Covenant Presbyterian Church

Child's Name: _____
School Attending: _____
Grade this Fall: ____ Age: ____ Birthdate: __/__/__
List all special needs (allergies, learning, medical):

Parent Names: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
Cell Phone: _____

Parent Volunteer Opportunities:

(Please check all that that you are willing to help with)

- Classroom Teacher
- Classroom Assistant
- Substitute Teacher
- Fellowship Event Assistant
- Special Event Assistant
- Provide Refreshments
- Photographer
- Other:

- Add e-mails for family e-mail communications:
