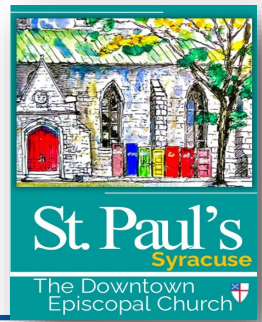


SUNDAY SCHOOL REGISTRATION



Child's Name: _____ Birthdate _____ Grade in Fall _____

Child's Name: _____ Birthdate _____ Grade in Fall _____

Child's Name: _____ Birthdate _____ Grade in Fall _____

Please list any allergies (note which child and what allergy)

Parent's Name(s): _____ Cell Phone: _____

Landline if applicable: _____

Home Address: _____

Email: _____

Parent's Name(s): _____ Cell Phone: _____

Landline if applicable: _____

Home Address: _____

Email: _____

Has your child been baptized? Yes _____ No _____

Do you consent to allowing your child to be photographed for our newsletter and website?

Yes _____ No _____ *(Your child will not be identified)*

Please put your phones on vibrate during the service and provide your cell number above in case of emergencies during church.

Please return registration form to the Children's Ministry mailbox outside the church office. Or by mail to: Jeanne Avery,

St. Paul's Syracuse 310 Montgomery St. Syracuse, NY 13202 Questions? Please contact Jeanne at: jehavery@gmail.com