

ZION SUNDAY SCHOOL REGISTRATION

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Child's Name	Age/Grade	Birth Date	Date of Baptism

Please list any medical concerns or allergies we need to know about your child(ren) _____

Would you be willing to help?

_____ Sunday School Teacher

_____ Sunday School Assistant

_____ Sunday School Children's Christmas Program

_____ Sunday School Lenten Celebration

_____ VBS

Please return to the church office ASAP. Thank you!