



# St. David's Episcopal Church Sunday School Registration Form

Child's Name/Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School Grade (2022-2023): \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent 1 Cell Phone and Email: \_\_\_\_\_

Parent 2 Cell Phone and Email: \_\_\_\_\_

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

Child's Allergies: \_\_\_\_\_

My child learns best when:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- My child is baptized.
- I would like information on baptism for my child and/or myself.
- I would like information about membership at St. David's.
- I can assist teaching Sunday School.
- I can be a lead teacher for Sunday School.
- I can prep Sunday School activities from home.
- I would like my child's image excluded from use on at St. David's emails, brochures, website, Facebook and other social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_