

2019-2020 SUNDAY SCHOOL REGISTRATION

Main Street Congregational Church

Note to Parents:

Our Sunday School program can only function with the generous volunteer help from all of our families. It is also a good way to get to know people and become involved in the life of the congregation. As part of our registration, we ask that each family volunteer to teach or assist with a class OR help with a mission Sunday project. There are many opportunities and **we truly appreciate your support, without it, our program cannot continue.**

Children(s)' Information:

First Name: _____ Last Name: _____ Grade (September 2019) _____ Date of Birth: _____ Allergies: _____	First Name: _____ Last Name: _____ Grade (September 2019) _____ Date of Birth: _____ Allergies: _____
First Name: _____ Last Name: _____ Grade (September 2019) _____ Date of Birth: _____ Allergies: _____	First Name: _____ Last Name: _____ Grade (September 2019) _____ Date of Birth: _____ Allergies: _____

Parent/Guardian Information (Primary Contact)

First Name: _____ Last Name: _____ Home Phone: _____	Home Address: _____ E-mail: _____
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I give permission for my child to be photographed for church use. (Web pages, slide shows, classroom projects, etc...)

_____ Yes _____ No

Time I want to share with the Youth of Main Street Church:

- | | |
|---|---|
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Assistant teacher | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Fill in teacher | <input type="checkbox"/> Donate supplies |
| <input type="checkbox"/> Mission Leader | <input type="checkbox"/> Shop for supplies |
| <input type="checkbox"/> Mission assistant | <input type="checkbox"/> Food for special occasions |
| <input type="checkbox"/> My Other Talents to share: _____ | |

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Individual Information

Family Member 1

Individual Name:

Full name:

_____ / _____ / _____ / _____ / _____
Title First name Middle name Last name Suffix

Preferred name: _____

Gender: Male Female

Individual e-mail:

Publish e-mail address in directories: Yes No
Send mass e-mails to this address: Yes No
Send contribution statements to this address: Yes No

Individual web site:

Phone numbers:

Emergency Ph _____ Unlisted: Yes No
Mobile _____ Unlisted: Yes No
Pager _____ Unlisted: Yes No
Work Fax _____ Unlisted: Yes No
Work Phone _____ Unlisted: Yes No

Envelope number:

Occupation:

Moved from:

Memb. No.:

Remarks:

Parents:

Allergies:

Medications:

Conditions:

Dates:

Birth day: ___/___/___ Married: ___/___/___
Baptism: ___/___/___ Joined: ___/___/___
Date 5: ___/___/___ Date 6: ___/___/___
Date 7: ___/___/___ Date 8: ___/___/___
Date 9: ___/___/___ Date 10: ___/___/___
Date 11: ___/___/___ Date 12: ___/___/___

Family: