

SUNDAY SCHOOL REGISTRATION 2017-18 (Ages 3-5)

Family Id #. _____
\$50.00 Fee Paid \$ _____
Check # _____ Cash _____



Child's Name _____

Nickname _____

Date of Birth _____

Phone # _____

Address _____

Mother's name _____

Father's name _____

What Parish are you registered at? _____

Are you interested in volunteering to be a :

Catechist _____ Substitute catechist _____ Aide _____

Allergies (Please be specific) _____

Child's likes _____ Dislikes _____

Fears _____ (Please specify)

Does your child have any health problems or physical limitations, which we should be aware of?

Any other insights into your child which may be helpful in developing a rapport with your child would be appreciated.

Comments or suggestions _____

Has your child attended Sunday Pre-school before? _____

If Yes who was your child's teacher _____