

St. Paul's UCC Sunday School

Child's Last Name _____

Child's First Name _____

Name of Parents _____

Address

Home Phone Number _____

Cell Phone Number _____

Email address _____

Emergency Phone Number if you are not at your home phone
number or cell phone number during the Sunday School hour

Child's Date of Birth _____

Current School Grade _____

Name of School District _____

Allergies or Medical Concerns

Please return this paper to a Sunday school teacher or Marlene Dadey