

Cary United Methodist Church
Sunday School 2010-2011
REGISTRATION

ONE PER FAMILY – CHILDREN 3 YEARS OLD – 6TH GRADE

PARENTS NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

STUDENTS NAME _____ GRADE _____

NICKNAME _____ BIRTHDAY _____

ALLERGIES _____

STUDENTS NAME _____ GRADE _____

NICKNAME _____ BIRTHDAY _____

ALLERGIES _____

STUDENTS NAME _____ GRADE _____

NICKNAME _____ BIRTHDAY _____

ALLERGIES _____

STUDENTS NAME _____ GRADE _____

NICKNAME _____ BIRTHDAY _____

ALLERGIES _____

I would like to donate \$ _____ to the Sunday School Program.

****Please return to the Education office - Room 203, or the main office. Thank you.****