

Gordon Memorial United Church Sunday School Registration Form

Date: _____

Child's Name: _____

Birthdate: _____ Age: _____

Sunday School Year: _____

Child's Name: _____

Birthdate: _____ Age: _____

Sunday School Year: _____

Child's Name: _____

Birthdate: _____ Age: _____

Sunday School Year: _____

Parent's/Guardian's Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Email: _____ (This will be the primary way we notify you of events, etc., so please include it. It will not be shared with anyone.)

Emergency contact during Sunday School:

___ I will probably be in the church

___ Other _____

Are you willing to help by teaching a Sunday School class occasionally?

___ Yes

___ No