



SUNDAY and WEDNESDAY SCHOOL REGISTRATION

Participant's Name:

Address:

Telephone #:

Age:

Date of Birth:

Date of Baptism:

(To be completed if not already on file)

Grade in School (fall 2008):

School Attending (fall 2008):

I will be attending: Sunday School Wednesday School Both Sunday & Wednesday School

EMERGENCY CONTACT INFORMATION

Mother's Name:

Work Phone:

Cell Phone:

Father's Name:

Work Phone:

Cell Phone:

Other Contact:

Phone number:

Allergies:

Names and ages or grade of participant's sisters and brothers

NAME

AGE or GRADE

ONLY Grades 1 – 5 Wednesdays ONLY

I am also coming to the Wednesday After-School Program YES NO

I need a ride to the After-School Program YES* NO

(*If YES, donations will be requested due to the rising costs of fuel)

Home Church:

Please turn this form in to Dianne, Director of Christian Education or email to dianne@nvc.net