



ST. NICHOLAS EPISCOPAL CHURCH

Sunday School Registration (2009-2010)

Date: _____ Last Name: _____

Sunday School is held from 10:00-10:45am following the morning service.

Child's Name: _____ Nick Name: _____

Child's Date of Birth (MM/DD/YY): _____ / _____ / _____ Grade (as of 9/1/09): _____

Is Child — Baptized? (Y/N): _____ Confirmed? (Y/N): _____ Gender (M/F): _____

Allergies (especially to foods): _____

Siblings in Sunday School: _____

Parent's Names — Parent 1: _____ Parent 2: _____

Address (city/state/zip): _____

Home Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

(Unless other arrangements have been made, we assume children will be picked up by their parents.)

- Prayerfully** **T** - Think about how your own Sunday School teachers made an impact on you.
- Consider** **E** - Expect to be delighted by a classroom of kids developing their faith.
- Teaching:** **A** - Act now — add a footprint to a child's spiritual path.
- C** - Come together — teach with friends.
- H** - Have fun — Sunday School is both enlightening and FUN.

I am/we are willing to help in one or more of the following ways (check all that apply):

- Sunday School Teacher (2-3 Sun./Mo.) Sunday School Substitute (occasional)
- Nursery Helper Christian Education Cmte. (1 Mtg./Mo.)
- Donate for Sunday School Supplies* Donate Sunday School Supplies*

** Ask for copy of Sunday School Supplies Suggested Donations list.*

Comments: _____

Signature: _____ Date: _____