

***Sunday School Registration for 2009-2010***  
**Kindergarten- Grade Five**

Name of Child \_\_\_\_\_ male / female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Class/Grade entering in fall \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Known Allergies \_\_\_\_\_

Yes \_\_\_\_\_ I am interested in volunteering in the Sunday School program

The Children's Choir meets at 5:00pm on Wednesday mid-September through March.  
Is your child interested in joining the Children's Choir (K-Grade 5)?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please use the other side of this form to share information that will help us enable your child to have the most positive experience at Sunday school. **Please bring to our attention any allergies, special needs or concerns.**

*Please mail completed form to the church office,  
2688 Main St. Lawrenceville, NJ 08648  
no later than August 29<sup>th</sup>.  
Thank You!*