

# St. Matthew Sunday School Registration Form

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Child's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Current School Grade (If summer, next fall's grade): \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_

Sibling/Age: \_\_\_\_\_ Sibling/Age: \_\_\_\_\_

Sibling/Age: \_\_\_\_\_ Sibling/Age: \_\_\_\_\_

Other: \_\_\_\_\_

Food allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sunday School occurs between the liturgies from 9am til 9:50am  
Please return this form to me, Anne Hartwig ([hartwia@comcast.net](mailto:hartwia@comcast.net))

