



# ST. MATTHIAS EPISCOPAL CHURCH **SUNDAY SCHOOL REGISTRATION FORM**

(PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD)

CHILD'S NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SCHOOL GRADE: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT NAME(S): \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CHILD:

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

DATE: \_\_\_\_\_