



SUNDAY SCHOOL REGISTRATION FORM



Please complete this form to register your child for Sunday School. The Sunday School program will meet in St. Mary's School from 10:00 a.m. - 11:00 a.m. on Sunday mornings beginning October 10th, 2021.

Return this form by September 10, 2021 in an envelope marked "Sunday School" in the collection basket or in the parish office mail slot. If you have any questions, please contact either Kristy Simon at 517-896-0677 or Abby Huhn at 989-640-4567.

Registration:

Please include a registration fee of \$25.00 per child with the form. If finances are a concern, contact Kristy or Abby. Please complete the front and back of this form and indicate the child's age. Thank you.

Age Group (AG):

The Sunday School program is being offered for children who will be 3 years old by April 1, 2021 through Kindergarten aged children.

**** If you have a special request to have your child in the same class as another child, please list the name and age of that child. ****

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Parent's Name: _____ Phone #: _____

Parent's Address: _____

Special Request: _____

****If your child has any food or medication allergies, please list. This helps us when we are planning our parties during the school year where food and drinks are being supplied.**

For Office Use Only:

Amt Due: _____ **Amt Paid:** _____ **Check #:** _____ **Cash:** _____ **Date:** _____

MEDICAL EMERGENCY RELEASE FORM

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Child's Name: _____ Birth Date: _____

Medical Insurance Co.: _____ Policy #: _____

Doctor: _____ Phone #: _____

Hospital Preference: _____

Primary Emergency Contacts: In an emergency situation, all attempts will be made to contact the parents during church. If unable to locate, please list a few names for us to call.

Mother: _____ Phone #: _____

Father: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

If the Religious Education Staff is unable to reach any of these people, I give my permission for a member of the Staff to sign for Emergency treatment.

Parent/Guardian Signature: _____ Date: _____