



St. David's Episcopal Church Sunday School Registration Form

Child's Name/Nickname: _____

Birthdate: _____ School Grade (2022-2023): _____

Parent Names: _____

Parent 1 Cell Phone and Email: _____

Parent 2 Cell Phone and Email: _____

Home Address: _____

Child's Allergies: _____

My child learns best when:

What do you want us to know about your child?

Check all that apply:

- My child is baptized.
- I would like information on baptism for my child and/or myself.
- I would like information about membership at St. David's.
- I can assist teaching Sunday School.
- I can be a lead teacher for Sunday School.
- I can prep Sunday School activities from home.
- I would like my child's image excluded from use on at St. David's emails, brochures, website, Facebook and other social media.

Parent Signature: _____ Date: _____

Please email a copy of this form to mcarey@sdlife.org

February 2022