

FOOD ALLERGIES? Please list here:

PLEASE PRINT

LAST NAME _____ FATHER _____ MOTHER _____

ADDRESS _____ CITY _____ ZIP CODE _____

TELEPHONE # (_____) _____ **NEW? ADDRESS _____ PHONE _____ EMAIL _____**

E-Mail _____ @ _____

➔ PRE-K CHILDREN: MUST BE (3) YEARS OLD BY SEPTEMBER 24 TO ENTER PRE-K ←

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____

New to Sunday School? → Please give us your child's Feast Date: _____

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____

New to Sunday School? → Please give us your child's Feast Date: _____

*STUDENT'S NAME _____ M / F AGE _____ B'DATE ____/____/____ GRADE _____

New to Sunday School? → Please give us your child's Feast Date: _____

OFFICE USE ONLY
Roster ____ Grade ____ RecordCard ____
Feast Day ____ Mail ____ Email ____ K-Scholarship ____
PS ____ Directory ____ Allergies ____

“Fathers and Mothers: Go and lead your child by the hand into the Church.”

Saint John Chrysostom

Please make Sunday School and your worship a Sunday priority.

Revised 07/17