

CLASSES BEGIN SEPT. 13

**St. Peters-by-the-Sea
Sunday School Registration
2009-2010**

Today's Date: _____

Family Name: _____

Parents' Names _____

Child(ren)'s Name(s):	Date of Birth	Grade	Baptized / Confirmed:	
1. _____	_____	_____	B	C
2. _____	_____	_____	B	C
3. _____	_____	_____	B	C
4. _____	_____	_____	B	C

Address: _____

Phone Number: _____

Email Address: _____

Do you wish to receive emails about Sunday School? Yes No

Special Concerns (PLEASE INCLUDE ANY FOOD ALLERGY INFO!)

In promoting a "Co-op" type of teaching program, we are relying on parents to fill in as teachers when we need substitutes. If for some reason you are not able to help out, please let us know.

- Please speak with _____ (parent more likely to be able to fill in).
- I prefer to sub in my child's class
- I prefer to sub in another class
- I can sub in any class needed
- I can not teach because _____