



The Episcopal Church of the Epiphany

SUNDAY SCHOOL REGISTRATION FORM 2016-17

Please return this completed form to the cubby of Catherine Breed found in the office area or via email parishadmin@epiphany.org.

Parent/Guardian Information: If this is already on file, please say so and fill in only any changes (such as cell phone)

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address _____

Name _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address _____

YES, you have my permission to photograph my child(ren) at Sunday School & Parish Events.

Volunteer to help: Please choose one or more of the following options.

- Serve on Christian Education Committee
- Children's Chapel/Children's Music
- Sunday School snacks - provide goldfish, animal crackers, etc.
- Sunday School snacks - distribute on Sunday mornings to the classrooms
- Help in Hallways during S.S.
- Maintain Classroom Supplies/Library
- Family Outreach Project
- Maintain Sunday morning Activity Bags for Church
- Teach Sunday School—what age group? _____
- Nursery Liaison
- Assist in Nursery (rotating schedule)
- Bulletin Boards
- Youth Group (Sunday Nights)
- Help maintain playground

First Child

Name of Child _____ Date of Birth: _____ Age: _____

School _____ Grade in school _____

Baptized? _____ If so, Date: _____ Confirmed? _____ If so, Date: _____

Mark the appropriate age group for your child:

- Godly Play: Age 3.5 (and potty-trained) - Pre-K
- Godly Play: K and 1st Grades
- Godly Play: 2nd & 3rd Grades
- Club 45: 4th & 5th Grade
- Middle School: 6th through 8th Grade
- High School: 9th through 12th Grade

Any special concerns, interests or food allergies, medicines?

Second Child

Name of Child _____ Date of Birth: _____ Age: _____
School _____ Grade in school _____
Baptized? _____ If so, Date: _____ Confirmed? _____ If so, Date: _____

Mark the appropriate age group for your child:

- | | |
|---|---|
| <input type="checkbox"/> Godly Play: Age 3.5 (and potty-trained) - Pre-K | <input type="checkbox"/> Club 45: 4 th & 5 th Grade |
| <input type="checkbox"/> Godly Play: K and 1 st Grades | <input type="checkbox"/> Middle School: 6 th through 8 th Grade |
| <input type="checkbox"/> Godly Play: 2 nd & 3 rd Grades | <input type="checkbox"/> High School: 9 th through 12 th Grade |

Any special concerns, interests or food allergies, medicines?

Third Child

Name of Child _____ Date of Birth: _____ Age: _____
School _____ Grade in school _____
Baptized? _____ If so, Date: _____ Confirmed? _____ If so, Date: _____

Mark the appropriate age group for your child:

- | | |
|---|---|
| <input type="checkbox"/> Godly Play: Age 3.5 (and potty-trained) - Pre-K | <input type="checkbox"/> Club 45: 4 th & 5 th Grade |
| <input type="checkbox"/> Godly Play: K and 1 st Grades | <input type="checkbox"/> Middle School: 6 th through 8 th Grade |
| <input type="checkbox"/> Godly Play: 2 nd & 3 rd Grades | <input type="checkbox"/> High School: 9 th through 12 th Grade |

Any special concerns, interests or food allergies, medicines?

Is there anything else you want us to know?
