



The Episcopal Church of the Epiphany

SUNDAY SCHOOL REGISTRATION FORM 2017-2018

Please return this completed form to the cubby of Laraine Fraijo-Paul 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? Any special considerations used in school that will also be helpful in Sunday School settings?

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? Any special considerations used in school that will also be helpful in Sunday School settings?

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? Any special considerations used in school that will also be helpful in Sunday School settings?

Is there anything else you want us to know?
