

**Parents please fill this out and bring it to the Sunday school room
before church on opening day of Sunday school**

Childs Name _____ Birthdate _____ School Grade _____

Parents Names _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell/Text _____ Email _____

Known Allergies _____

During SS children are sent to Holy Communion

Will your child be participating in Holy Communion: Yes _____ No _____

Will your child be receiving a blessing only Yes _____ No _____

(children receiving a blessing are to cross their arms across their chests to indicate to the Pastor if they receive a blessing)

Does your child play an instrument if yes what instrument _____

Is your child interested in singing a solo part? _____

Is your child interested in participating in the children's bell choir? _____