



**Sunday School Registration  
2016 – 2017**

**Please return this sheet to the church office!**

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent/Caregiver Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Allergies/Special Needs** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Anything you or your child would like to get out of Sunday  
School? (i.e. activities, specific lessons, etc.)** \_\_\_\_\_

\_\_\_\_\_

**Sunday School Contact:**

**CJ Tripi  
(716)-525-2255**

[ctripjr510@gmail.com](mailto:ctripjr510@gmail.com)

**Contact me with any questions!**