SUNDAY SCHOOL REGISTRATION FORM

Please complete this form to register your child for Sunday School. The Sunday School program will meet in St. Mary's School from 10:00 AM – 11:00 AM on Sunday mornings, beginning on October 8 and running until March 17. Please return this form by Friday, September 22, in an envelope marked "Sunday School" to the parish office. If you have any questions, please contact either Brooke Platte at 517-526-2324 or Paige Platte at 517-526-1293.

Registration:
Please include a registration fee of $30 per child with your form. Please also complete the front and back of this form, and indicate your child's age. Thank you!

Age Group (AG):
The Sunday School program is offered for children who turned three years old before April 1, 2023, through kindergarten.

** If you have a special request to have your child in the same class as another child, please list the name and age of that child. **

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Child's Name: _____ AG/AGE: _____ Birth Date: _____

Parent's Name: _____ Phone #:_____

Parent's Address:_____

Special Request: _____

**If your child has any food or medication allergies, please list. This helps us when we are planning our parties during the school year where food and drinks are being supplied.

_____

_____

_____

For Office Use Only:
Amt Due:_____ Amt Paid:_____ Check #:_____ Cash:_____ Date:_____

SEE BACK

MEDICAL EMERGENCY RELEASE FORM

Child's Name: _____   Birth Date: _____

Child's Name: _____   Birth Date: _____

Child's Name: _____   Birth Date: _____

Medical Insurance Co.: _____   Policy #: _____

Doctor: _____   Phone #: _____

Hospital Preference: _____

Primary Emergency Contacts: In an emergency situation, all attempts will be made to contact the parents during church. If unable to locate, please list a few names for us to call.

Mother: _____   Phone #: _____

Father: _____   Phone #: _____

Name: _____ __   Phone #: _____

Name: _____ __   Phone #: _____

If the Religious Education Staff is unable to reach any of these people, I give my permission for a member of the Staff to sign for Emergency treatment.

Parent/Guardian Signature: _____   Date: _____