

'God's Neighborhood'
Sunday School
"Helping Hands, Loving Hearts"

Registration 2009-2010

New _____
Returning _____

Name _____

Age _____ Date of Birth _____ Grade _____

Name _____

Age _____ Date of Birth _____ Grade _____

Name _____

Age _____ Date of Birth _____ Grade _____

Parents' Names _____

Addresses: _____

Home Phone _____ Cell phone _____

Email _____

Contact Preference email phone

Photo Release Granted Denied

Does your child have any special needs or allergies we should be aware of? _____

Would you be willing to volunteer from time to time or help with special programs?
Yes No

Check which volunteer opportunities might interest you:

- _____ Help out in nursery one Sunday a month
- _____ Sunday School Teacher
- _____ Board of Youth Education
- _____ Substitute Teacher
- _____ Photography
- _____ Help with potluck suppers and picnics
- _____ Help with special crafts
- _____ Help with the Christmas Pageant and other special programs

Any special skills you'd like to share? _____

Are you new to FCCOL? _____
Would you like to become a member? _____
Would you like a visit from one of the ministers? _____