



# Second Baptist Church Sunday School Registration Form

2011-2012

Registration Sunday - September 11

Classes Begin - September 18

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

| Student's Full Name | Age   | Date of Birth | Grade in School |
|---------------------|-------|---------------|-----------------|
| _____               | _____ | _____         | _____           |
| _____               | _____ | _____         | _____           |
| _____               | _____ | _____         | _____           |
| _____               | _____ | _____         | _____           |
| _____               | _____ | _____         | _____           |

Does your child suffer from any allergies? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

You are requested to return this completed form to Church before  
Registration Sunday on September 11th.

