

# Christ Church Detroit Sunday School Registration

Date \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

If needed, I would love to help with (please circle all that apply):

ACOLYTE PROGRAM

CLASSROOM ACTIVITIES

SPECIAL EVENTS

NURSERY HELP

WORSHIP CENTER

WHEREVER NEEDED THE MOST!

Please let us know about any special needs your child may have (asthma, diabetes, severe anxiety, etc.).

*Some Sunday School Classes may have food as part of the curriculum. Please indicate below any food allergies or restrictions we should know about.*

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Level \_\_\_\_\_

Food Allergies or Special Needs

\_\_\_\_\_

Child's Phone or Email

\_\_\_\_\_

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Level \_\_\_\_\_

Food Allergies or Special Needs

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Child's Phone or Email

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Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Level \_\_\_\_\_

Food Allergies or Special Needs

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Child's Phone or Email

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Child's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade Level \_\_\_\_\_

Food Allergies or Special Needs

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Child's Phone or Email

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