

Cedar Hills Community Church

Sunday School Registration Form

2010-2011

Student's Name _____

Age _____ Grade (2010-2011) _____ Date of Birth _____

Baptized Member Yes No Special Needs/Allergies: _____

Student's Name _____

Age _____ Grade (2010-2011) _____ Date of Birth _____

Baptized Member Yes No Special Needs/Allergies: _____

Student's Name _____

Age _____ Grade (2010-2011) _____ Date of Birth _____

Baptized Member Yes No Special Needs/Allergies: _____

Parent Name Cell Phone Email

Parent Name Cell Phone Email

Address City ZIP

Home Phone