

2018-19 Sunday School Registration Form

Please register your child for Sunday School classes

Name of Primary Parent/Guardian			
Address	City	State	Zip
Home Phone	Cell Number		
Number to call you during Sunday	School		
Email			
Are you a member of St. Monica's?	Yes No Not Su	re	
Name of Secondary Parent/Guardi	an		
Address	City	State	Zip
Home Phone	Cell Number		
Number to call you during Sunday	School		
Email			
Are you a member of St. Monica's?	Yes No Not Su	re	
Child 1 Name	Grade in Scho	ool (2018-2019)	
Birth Date	Baptism Date		
Does your child have any condition attention disorders) of which, we s		h/sight/hearing li	mitations or

(over)

Child 2 Name	Grade in School (2018-2019)			
Birth Date	Baptisr	Baptism Date		
attention disorders)	of which, we should be awa	ergies or speech/sight/hearing limitations or are?		
Birth Date	Baptisr	Baptism Date		
attention disorders)	of which, we should be awa	ergies or speech/sight/hearing limitations or are?		
Child 4 Name				
Does your child have	e any conditions (such as all	ergies or speech/sight/hearing limitations or are?		
permission to record grant to St. Monica's to use the above me	I my child's name, image, vons, its advertisers, clients, ago ntioned sound, still, or mov	Monica's Episcopal Church in Naples, FL, I give pice, statements and/or writing to St. Monica's. ents, successors and assigns, unrestricted rights ing images in any medium for educational, esistent with the mission of the Church. Date		
	Jigiiatui C	Date		