

St. Margaret's Sunday School Registration

Please complete and return to the Sunday School sign-in counter
in the church office.

Last Name: _____

Parents: _____

Address: _____

City: _____

Telephone: _____

E-mail: _____

Child's Name: _____ Grade In: _____

School: _____

Date of Birth: _____

Child's Name: _____ Grade In: _____

School: _____

Date of Birth: _____

Child's Name: _____ Grade In: _____

School: _____

Date of Birth: _____

Child's Name: _____ Grade In: _____

School: _____

Date of Birth: _____

Child's Name: _____ Grade In: _____

School: _____

Date of Birth: _____

