

UMC OF RIDGECREST
SUNDAY SCHOOL REGISTRATION – 2010/2011

Student Name _____ Nick Name _____
Age _____ Grade _____ Birthdate _____

Address _____
Parents Name(s) _____
Home Phone _____ Cell Phone(s) _____
Email Address _____

Are there any allergies/medical issues/concerns the Sunday School
Teachers should be aware of regarding your child?

UMC OF RIDGECREST
SUNDAY SCHOOL REGISTRATION – 2010/2011

Student Name _____ Nick Name _____
Age _____ Grade _____ Birthdate _____

Address _____
Parents Name(s) _____
Home Phone _____ Cell Phone(s) _____
Email Address _____

Are there any allergies/medical issues/concerns the Sunday School
Teachers should be aware of regarding your child?

