

**LAKEVILLE UNITED CHURCH OF CHRIST
SUNDAY SCHOOL REGISTRATION
2007-2008**

Seasons of the Spirit™ Congregational Life Curriculum

Name: _____

Birth date: _____ Age: _____ Grade in School: _____

Parent's/Guardian's name: _____

Address: _____ Zip code: _____

Phone: _____ Family e-mail address: _____

Child's special interests and activities:

Any Allergies? _____

Siblings attending church school?

Names/Ages:

Emergency contact during church school hour:

I will probably be in the church building

Other _____

If church school is in need of help in the following area give me a call:

Driving

Telephoning

Donate supplies

Shop for supplies

Food for special occasions

An extra pair of hands if needed

Prayer support

My suggestion _____

Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children?

(Please use reverse side of this page.)