Date of Registration	Parishioner #	
Date of the gistration	 1 411311101101 //	

2019-2020 Sunday School Registration

4 AND 5 YEAR OLD PROGRAM (Your child must be 4 before September 1, 2019) 9:45 AM MASS



	CHILD'S FULL NAM	1E		
CHILD'S AGE TODAY	,	ADDRESS		
BIRTH DATE Month/Day/	 'Year	CITY		
Home Phone Number		ATE	ZIP	
	Email			
arent(s) Name (include last name if dif	ferent than child's):			
Name		Name		
Cell Phone:		Cell Phone:		
VAS YOUR CHILD IN OUR SUNDAY S Vhich School program will your child a	attend in September, 2019?		□ YES □ NO	
□ PI WOULD YOU LIKE TO VOLUNTEER T		ERGARTEN		
☐ TEACHER?	☐ SUBSTITUTE?		☐ TEACHER'S AIDE?	
	ldren registered in the FLT FEE: \$ 35.00 PER STUI School ONLY, FEE AMOU	DENT		
☐ CHECK N	NUMBER (MAXIMUM FAMILY FE in September. You will re	•		