

2019-2020 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 S	ure	
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 S	ure	
Child 1 Name	Grade in Sch	nool (2019-2020)	
Birth Date	Baptism Date		
Does your child have any condition attention disorders) of which, we s	•	ch/sight/hearing li	imitations or

(over)

Child 2 Name	Grade in School (2019-2020)			
Birth Date	Baptism D	Baptism Date		
attention disorders) of w	hich, we should be aware	ries or speech/sight/hearing limitations or ?		
		rade in School (2019-2020)		
Birth Date	Baptism D	Pate		
attention disorders) of w	hich, we should be aware	ies or speech/sight/hearing limitations or ?		
Child 4 Name	G	rade in School (2019-2020)		
Birth Date	Baptism D	Pate		
-	-	ies or speech/sight/hearing limitations or ?		
permission to record my grant to St. Monica's, its to use the above mention	child's name, image, voice advertisers, clients, agent ned sound, still, or moving or other purposes consis	onica's Episcopal Church in Naples, FL, I give e, statements and/or writing to St. Monica's. s, successors and assigns, unrestricted rights images in any medium for educational, tent with the mission of the Church.		
	Signature	Date		