

STONEWALL UNITED CHURCH

FAMILY SUNDAY SCHOOL REGISTRATION FORM 2

Family Name: _____

Names of Parents or Guardians: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

We have started using email to inform families of upcoming events. Please check the option you would like to sign up for:

_____ **Sunday School/Youth Group info only** _____ **All Church notices**

Medical Insurance Number: _____

Child's Name	Age	Date of Birth	School Grade	Allergies or Medical Conditions	Medical PHIN