

“Grow in the Knowledge and Love of God”
ST. MATTHEW’S SUNDAY SCHOOL REGISTRATION FORM
 For Children Ages 3 years through 9th grade

Parent/Guardian Name: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Email: _____

Child’s Name	Age	Birthday	Grade	Special Interests & Activities (to help us understand a bit more about your child)

Medical Conditions for any above named children that we should be aware of:

Name one thing you want your child to get from Sunday School this year. _____

Name a religious question you hope we can help your child explore. _____

If your child is interested in any of the following, please check the appropriate box. Someone from the Church office will contact you with further information:

_____ Parish Youth Orchestra _____ Jr. Altar Guild _____ Jr. Choir (Grades 2 & up)

_____ Acolyte (Grades 4 & up) _____ Youth Group (Grades 6-12)

If Sunday School is in need of help in the following areas, give me a call:

_____ Teaching as part of a Team (usually once a month for 8 months) _____ Occasional Classroom Helper

_____ Telephoning _____ Food for special occasions _____ Occasional Substitute Teacher

_____ Help planting spring flowers _____ Assist with Epiphany Play _____ Accompany Outings

I give permission for my child to have his/her picture taken for the purpose of St. Matthew’s usage in Newsletters and/or St. Matthew’s or the NH Diocesan web site. yes no.

Parent/Guardian Signature: _____ Date: _____