



St. Margaret Mary Catholic Community Children's Ministry

Sunday School (3 – 5 year olds)

“Our very own Worship”

REGISTRATION FORM:

CHILD'S FULL NAME: _____

WHAT CHILD LIKES TO BE CALLED: _____

AGE: _____ BIRTHDAY: _____

PARENTS NAME (S): _____

PARENTS PHONE (CELL) NUMBER(S): _____

PARENT EMAIL ADDRESSE(S): _____

DOES YOUR CHILD HAVE ANY ALLERGIES? PLEASE LIST _____

ANY SPECIAL MEDICAL CONCERNS: _____

IS THIS CHILD POTTY TRAINED: _____

WHAT AREA OF THE CHURCH DO YOU TYPICALLY SIT DURING MASS? _____

IS A PARENT SIGNED-UP TO VOLUNTEER? Yes / No

TELL US ABOUT YOUR CHILD...

FAVORITE COLOR _____ FAVORITE FOOD _____

FAVORITE SONG _____ FAVORITE TOY OR CHARACTER _____

WHERE DO THEY GO TO SCHOOL: _____

SPECIAL INTERESTS OR HOBBIES: _____

SIBLINGS AND AGES: _____

WHAT IS THE MOST SPECIAL THING ABOUT THIS CHILD? _____



Lovable



Capable



Part of God's World

NOTE:

YOU MUST PROVIDE PHONE NUMBERS. IF AN IMMEDIATE NEED ARISES DURING CLASS/MASS WE WILL CONTACT YOU BY PHONE (TEXT). IF IT IS AN EMERGENCY ONE OF OUR VOLUNTEERS WILL TRY TO FIND YOU IN MASS AS WELL. WE ALSO WOULD LIKE TO OCCASIONALLY SEND REMINDERS VIA EMAIL. THIS FORM OF COMMUNICATION WILL BE USED MINIMALLY AND FOR SUNDAY SCHOOL PURPOSES ONLY.