



SUNDAY SCHOOL REGISTRATION FORM

Who: Children ages 3 to 5, who are not currently enrolled in Kindergarten

When: During 10:30 a.m. Mass beginning October 16, 2011

Where: St. Stanislaus Sunday School Room (below the gym)

Cost: \$20.00 per child (*Checks payable to St. Stanislaus Church*)

Participant Name: _____ Age: _____ Birthday: _____

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Parent/Guardian: _____

Address: _____

Daytime Phone: _____ Alternate Phone: _____

Email: _____

Because snack is a regular part of the Sunday School class, are there any dietary restrictions we should know about? _____

Are there any medical or social concerns that we should know about? _____

____ Yes, I can volunteer to help (please circle all that apply):

Teach

Assist Class

Assist During Mass

____ Yes, I am willing to donate snacks.

____ Yes, I request that the child(ren) listed above be permitted to participate in St. Stanislaus Sunday School Program.

Parent/Guardian Signature

Please return completed forms with **payment** to Chelle Smith-Vandergriff through the St. Stanislaus Parish Office or St. Stanislaus School Office.