

CTS SUNDAY SCHOOL REGISTRATION
Preschool through 12th Grade

Date _____

Name: _____ Age: ___ Grade: ___ Birth: __/__/__

School: _____

Name: _____ Age: ___ Grade: ___ Birth: __/__/__

School: _____

Name: _____ Age: ___ Grade: ___ Birth: __/__/__

School: _____

Name: _____ Age: ___ Grade: ___ Birth: __/__/__

School: _____

Parent's Name(s): _____

Address: _____ City & Zip: _____

Phone: _____ E-mail(s): _____

Allergies/Health Concerns: _____

Other helpful information about your child(ren): _____

May Christ the Servant take pictures of your child(ren) for use in publications, displays and on the CTS website?

- Yes
- No

Parent Signature: _____

Date: _____

May Christ the Servant include your child(ren)'s information in the Sunday School Directory?

- Yes
- No

Parent Signature: _____

Date: _____