

SUNDAY SCHOOL REGISTRATION

PLEASE PRINT

FATHER'S NAME-----RELIGION-----

MOTHER'S NAME-----RELIGION-----

HOME ADDRESS-----

BEST PHONE # TO REACH YOU AT-----

E-MAIL ADDRESS-----

ARE YOU A STEWARD OF HOLY APOSTLES FOR 2017? YES----- NO-----

IF NO, TO WHICH CHURCH DO YOU BELONG?-----

1. Name of student-----

Age-----Date of Birth-----Baptismal Name-----

Public School Grade in Fall-----Enrolled in S.S. Last Year-----

2. Name of Student-----

Age-----Date of Birth-----Baptismal Name-----

Public School Grade in Fall-----Enrolled in S.S. Last Year-----

3. Name of Student-----

Age-----Date of Birth-----Baptismal Name-----

Public School Grade in Fall-----Enrolled in S.S. Last Year-----