



Sunday School Registration 2015-2016

Child's Name: _____ Class (age): 3 or 4/5

Child's Name: _____ Class (age): 3 or 4/5

Parent's Name(s): _____

Address: _____

Cell Phone*: _____

(* Required to contact you in church in case of emergency.)

Email: _____

(To receive updates and schedule reminders.)

Child is potty trained: YES NO

Any allergies/special needs for this child? _____

I am willing to volunteer to teach Sunday School on occasion: YES NO

Registration Fee: \$60 per child or \$100 per family (multiple children)

Amount paid: _____ cash or check

For more information contact:
Joanna Curtis, Sunday School Coordinator, at nilesj2@gmail.com

Return form to:
Jane Young, Director of Religious Education
Corpus Christi Parish
880 Toyopa Drive
Pacific Palisades, CA 90272
Phone: 310-454-1328 ext. 226