

Saint Mark's Sunday School 2016-2017 Registration Form

(One form per child)

Child's Name: _____

Age (in Fall): _____ D.O.B. _____ Grade (in Fall): _____

Parent(s) Name(s): _____

Email: _____

Allergies, dietary concerns or additional pertinent information: _____

We will provide a peanut-free snack upstairs for all Sunday School children. Please feel free to contact Kathy Cormier kmkiley@yahoo.com or Chrissy Kelley ncbkelly@yahoo.com if you have any questions or concerns.

It is not mandatory that parents teach or assist in order for their child(ren) to attend Sunday School. The program is successful due to all the wonderful parents and parishioners who volunteer their time. Any contribution you can make to the program is greatly appreciated.

I would like to teach... (check one)

1 session - 5-7 classes

half year - 3 sessions

1 semester - 2 sessions

whole year - 5 sessions

Please mark your 1st, 2nd, and 3rd choices:

Session 1 (Sept & Oct - Approx. 6 Classes)

Session 2 (Nov & Dec - Approx. 7 Classes)

Session 3 (Jan & Feb - Approx. 8 Classes)

Session 4 (Mar & April - Approx. 8 Classes)

Session 5 (May & June - Approx. 7 Classes)

I don't have a preference

Check off any that apply:

I prefer to teach my child's class

I prefer to not teach my child's class

I prefer to assist in my child's class

I prefer not to assist in my child's class

I prefer to be a substitute

Sunday School teachers are expected to have completed the Safe Church training for the Diocese of Massachusetts and must be CORI checked.

