



# 2011-2012 REGISTRATION Sunday Morning Classes



Last Name \_\_\_\_\_ Mother/Female Guardian \_\_\_\_\_

Father/Male Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Church Relationship (circle one): VBCC Regular Attender / Other Church

Family Email \_\_\_\_\_ Discipline Concerns \_\_\_\_\_

**As a parent, I am interested in having more information on getting involved in the following ways:**

- Sunday Teacher
- Sunday Substitute
- Sunday Nursery
- Puppet Ministry
- Behind the Scenes Ministry
- Helper in my child's class
- Kids' Choir
- Office Volunteer

1. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Allergies/Medical Concerns* \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Allergies/Medical Concerns* \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Allergies/Medical Concerns* \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Allergies/Medical Concerns* \_\_\_\_\_

5. Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

*Allergies/Medical Concerns* \_\_\_\_\_

**Please return this completed form to: Valley Brook Community Church, PO Box 567, Granby, CT 06035  
Or return by Sept. 11<sup>th</sup> to the Children's Ministry table in the church foyer.**