

**Grace and Holy Trinity**  
**Sunday School Registration**

*Please fill out one registration per child*

*Bring this form with you to church and leave it in the Rev. Michael Cadaret's box or mail it to his attention at 8 North Laurel Street, Richmond, Va. 23220*

Child's name (full name and preferred name): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' names: \_\_\_\_\_

\_\_\_\_\_

Other Siblings at GHTC and their ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade entering in school for 2010-2011 year: \_\_\_\_\_

Name of School: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone (h) \_\_\_\_\_ (cell) \_\_\_\_\_ (wk) \_\_\_\_\_

Child's E-Mail (if applicable): \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Emergency Contacts (please include both a family and a non-family contact):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list anyone, other than yourselves, that you authorize to pick up your child from the nursery if you are unavailable. Please include all of their contact information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please briefly describe your goals for your child's Christian Formation:

Please let us know about your availability to assist with your child's Sunday School Class:

What resources can we provide to help you engage with your child about what they are learning in Sunday School?

What other suggestions do you have for the Sunday School Program?