

**ST. JAMES PRESBYTERIAN  
SUNDAY SCHOOL REGISTRATION FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL GRADE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENTS/GUARDIAN(S): \_\_\_\_\_

HOME/CELL PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HEALTH RESTRICTIONS/ALLERGIES/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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