

ST. SOPHIA 2024-2025 SUNDAY SCHOOL REGISTRATION FORM

Child's Full Name(s)	DOB	Grade
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1. _____

2. _____

3. _____

4. _____

Contact Information

Guardian Email Address(es):

Address:

Street: _____ Apt # _____

City: _____ Zip Code: _____

Home Phone number: _____

Emergency Contact & Phone # : _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Check and provide address below if either parent or assigned guardian has different address than student

Mother Father Guardian Name: _____

Street: _____ Apt # _____

City: _____ Zip Code: _____

Email: _____

Food or other ALLERGIES:
