

SAN FRANCISCO MARTHOMA CHURCH,
SUNDAY SCHOOL REGISTRATION FOR 2011-2012



Please complete this form (in uppercase) and hand it over to the Sunday School teacher. Thank you.

Child's Complete Name: _____

Date of Birth: _____ Age: _____

Grade in September 2011: _____

Father's Name: _____

Father's Cell #: _____

Mother's Name: _____

Mother's Cell #: _____

Parent's Email ID: _____

Home Phone #: _____

Address: _____

(street)

(city)

(zip)



Please return this form as quickly as possible. Thank you.

