

2014/15

Parents, please fill this form out and return **OR** fill out the form online >> resgc.org/sundayschool

FAMILY NAME _					
Mother's Name		I	Father's Name		
Mother's Cell			Father's Cell		
Email Address					
— If you are new to R	esurrection and/	or Sunday Scho	ol ————————————————————————————————————		
Address					
Home Phone					
	church. In case of		ı to stay for Bible Class, a will call your cell first. If w		
Emergency Contact	Name / Relation	nship		/	
Emergency Contact	Number				
Child's Name	Grade	Birthday	Baptism Date	Allergies	
1				_	
2		_		_	
3					
4				_	
5				_	