

# St. Thomas Sunday School and Godly Play Registration

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Age	DOB
Phone #	
Grade in Fall	
Allergies	
Learning Issues/concerns (use backside if needed)	

Suggestions? (Use the back of the form if you need more room)

**THANKS FOR YOUR HELP!**

Check off any that apply:

<input type="checkbox"/>	I would like to teach the whole year. GP or SS
<input type="checkbox"/>	I would like to teach half the year (Fall or Spring). GP or SS
<input type="checkbox"/>	I will teach 4 classes
<input type="checkbox"/>	I only want to teach my child's class
<input type="checkbox"/>	I do NOT want to teach my child's class
<input type="checkbox"/>	I will teach wherever I am needed

GP=Godly Play SS=Sunday School

We need additional help with the following. Check if you can assist.

<input type="checkbox"/>	Christmas Pageant
<input type="checkbox"/>	Substitute if needed
<input type="checkbox"/>	Lenten Wednesday evening activity
<input type="checkbox"/>	Easter Pageant
<input type="checkbox"/>	Art supply cabinet clean-up
<input type="checkbox"/>	Feast donations (sign-up outside classroom)
<input type="checkbox"/>	VBS