

SUNDAY SCHOOL & YOUTH FELLOWSHIP

STURGEON BAY MORAVIAN CHURCH

1) _____/_____
Student's Name: Last, First Male/Female Birth Date

School Attending Entering Grade

Special Needs or Allergies Age (as of 9/1/2026)

2) _____/_____
Student's Name: Last, First Male/Female Birth Date

School Attending Entering Grade

Special Needs or Allergies Age (as of 9/1/2026)

3) _____/_____
Student's Name: Last, First Male/Female Birth Date

School Attending Entering Grade

Special Needs or Allergies Age (as of 9/1/2026)

Parent(s)/Guardian(s): _____
Name(s) (Last/First)

Address: _____

Phone Numbers:
Mother: _____
Home Cell Business

Father: _____
Home Cell Business

Email Addresses: _____
Home Business

Emergency Contact: _____