

BLC Learning Circles 2010-2011 Sunday School Family Registration

Parent(s) Full Name(s): _____

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Cell Phone(s): _____

E-Mail Address: _____

Children's Name(s): (Age birth – 6th grade) Church Members (Y / N)

Name: _____ Birth Date _____ Grade/Class Fall '10 _____

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Allergies/Special Needs (explain on back if necessary) _____

_____ **I would like to help teach Sunday School Learning Circles:**

_____ **Preschool class (Ages 3 & 4 year olds)**

_____ **PreK/K class (Ages 5 & 6 year olds)**

_____ **1st & 2nd grade**

_____ **3rd & 4th grade**

_____ **5th & 6th grade**

_____ **I am available to substitute (please make all appropriate boxes)**

_____ **Nursery (1 & 2 year olds)**

_____ **Preschool (Ages 3 & 4 year olds)**

_____ **PreK/K class (Ages 5 & 6 year olds)**

_____ **1st & 2nd grade**

_____ **3rd & 4th grade**

_____ **5th & 6th grade**

_____ **I would like to help with a seasonal Service Project for PreSchool-6th grade**

_____ **I can supply bulk snacks for Learning Circles (crackers, cookies)**