



CHURCH OF THE
**DIVINE
CHILD**

Sunday School Registration Form

1055 N. Silvery Lane Dearborn, MI 48128
Religious Education Office (313) 562-8667

Are you a current member of Divine Child Parish? Yes/No Envelope # _____

Student's name: _____ Male () Female ()

Address: _____ Age (in September) _____

City: _____ Birth date: _____

Zip: _____ Telephone: _____ (cell # preferred)

Email Address: _____

Has your child received the Sacrament of Baptism? Yes _____ No _____

Has your child attended preschool before? Yes _____ No _____

Would you like to volunteer for special Sunday Preschool events? Yes _____ No _____

Please list any allergies, medical conditions, or special considerations:

Father's Name / Religion: _____

Mother's Name / Religion: _____

In case of emergency, please contact:

Name: _____ Relationship to student: _____

Phone: _____

Tuition is \$70 / year and is due upon receipt of this registration.

Please make checks payable to "Divine Child" .

Date Paid: _____ Amt. Paid : _____ Cash _____ Check # _____