

CUMC FAITH FLIGHT SUNDAY SCHOOL REGISTRATION

TRAVELER'S NAME _____

BIRTHDATE _____ CURRENT AGE _____ GRADE _____
MONTH/DAY/YEAR

NAME OF PARENT(S) OR GUARDIAN _____

ADDRESS _____

CITY: _____ MI ZIP CODE: _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES/NO

(IF YES, PLEASE LIST) _____

PLEASE RETURN TO JODY DARLING RAUHUT, CHRISTIAN EDUCATION DIRECTOR