



ST. MARK'S
SAN MARCOS, TEXAS

2018-19

Children's Sunday School Registration

Please use back if more writing room is need.

Parents or Guardians _____

Address(es) _____ ZIP _____

Preferred Email Address _____ Whose? _____

Home Phone _____ (Circle best number) Best time to call? _____

Mom's Cell _____ Dad's cell _____

Child's #1

Last Name _____ First Name _____ M ☐ F ☐

Birth Date _____ Age as of 9/01/2018 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

Child's #2

Last Name _____ First Name _____ M ☐ F ☐

Birth Date _____ Age as of 9/01/2018 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

Child's #3

Last Name _____ First Name _____ M ☐ F ☐

Birth Date _____ Age as of 9/01/2018 _____ Child's School _____ Grade _____

***Learning, Health or Allergy Alerts:** _____

***Important Concerns or Other information** (such as life situations, potty training notes, personality or learning challenges) we should know about that will help us meet his/her needs?

ALL information is considered CONFIDENTIAL.

EMERGENCY CONTACT INFO: BE SURE TO SET YOUR PHONE TO VIBRATE!

Parents' usual location during Sunday School and/or service: _____

Best number to text if needed: _____

Thanks for helping make it possible for children to grow in faith here at St. Mark's!

For more information, please contact:

Kris Spilker at kris.spilker@sanmarcosepiscopal.org