

**St. Lucy Sunday School ~ 3, 4, and 5 Year Olds
Registration**

Name of Child _____

Date of Birth _____

Age on September 1, 2007 _____

**Date and Place of
Baptism** _____

Father's Name _____ **Religion** _____

Mother's Name _____ **Religion** _____

Address _____ **(City)** _____

Zip Code _____ **Phone #** _____

**Does this child have and special physical limitations, impairments, or
health concerns?** _____

If yes, please describe: _____

Does this child have any food allergies? _____

If yes, please list: _____

Cost: \$25.00 per child

Amount Paid _____

Balance Due _____