

HCLC Sunday School Registration 2025-26

Child's name: _____

Grade Entering: _____ Date of Birth: _____

Parent's Name: _____

Primary Address: _____

Home Phone: _____

Secondary Address: _____

Cell Phone: _____ (Primary) _____ (Secondary)

Can we notify you by text? ____ Yes ____ No

If yes, provide Cell Carrier: _____

E-Mail Address: _____

Facebook Page: HCLC Sunday School Families

Does your child have a hardcover Spark Story Bible? ____ Yes ____ No

Allergies?

Anything else that will be helpful for your teacher to know?

Does your child have an IEP at school? ____ Yes ____ No

Are you available to teach, sub or help with special occasions? ____ Yes ____ No