

2024-2025 Registration — Sunday Morning Classes

Mother/Female Guardian Information: • First Name: • Last Name: • Cell Phone: • Email: • Address: • Town/State/Zip:	-	Father/Male Guardian Information: • First Name: • Last Name: • Cell Phone: • Email: • Address: • Town/State/Zip:			
Child's Name Allergies/Medical Special Need(s)/Learning Disability/Behavioral Diagnosis					Age
2. Child's Name Allergies/Medical Special Need(s)/Learning Disability/Behavioral Diagnosis			Grade		Age
I am interested in helping: ☐ Sunday School Teacher/Substitute ☐ Sunday School Assistant ☐ Sunday Nursery ☐ Behind the Scenes in Children's Ministry			eturn this completed Valley Brook Completed P.O. Book North Granby	nmunity Church ox 68 y, CT 06060	

Please contact us at children@valleybrook.cc with any information that can help us serve your family better.