

Child's FIRST/LAST Name	M or F	Birth Date	Age	Grade By 9/30/2017	Allergies/Medical Needs

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Mother Name \_\_\_\_\_

Father Name \_\_\_\_\_

Came with Friends Today (family name here) \_\_\_\_\_

Check which class(es) your child will be going:

(Preschoolers can stay for 2 Sunday School hours/Elementary kids choose ONE Sunday School Hour to attend:

\_\_\_\_\_ 8:15am \_\_\_\_\_ 9:40am \_\_\_\_\_ 11:05am \_\_\_\_\_ SATURDAY Night

Current Room/Grade (as of 9/30/2017) Babies ONES TWOS THREES FOURS K 1ST 2ND 3RD 4TH 5TH

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Sunday School/Small Group Registration

Nancy Turner  
Grace Baptist Church  
14242 Spriggs Road  
Woodbridge, VA 22193  
703-670-5032 ext 311  
nturner@gracehome.org  
www.gracehome.org



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