

Burke United Methodist Church
Sunday School Registration

Today's Date _____

Name _____ Sunday School Class _____

Birthdate _____ Male ____ Female ____

Age ____ Grade in School ____ School Attending _____

Parents _____

Address _____

Phone _____ Email _____

Member of Burke UMC ____ Regular Visitor ____ First Time Visitor ____

Sunday School Hour You Attend 9:30AM ____ 11:00AM ____

Allergies _____

Other Pertinent Information _____

Siblings' Names and Grade Levels _____

Thank you for your assistance. Please return this form to your child's Sunday School teacher.