

***Lyall Memorial Federated Church***  
***Sunday School Registration 2015 - 2016***

Student's

Name: \_\_\_\_\_

Parents

Names: \_\_\_\_\_

Home

Address: \_\_\_\_\_

Student's Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Additional Information: Is there anything special that you would like us to know about your child i.e. medical problems or learning disabilities? \_\_\_\_\_