

SUNDAY SCHOOL  
and NURSERY  
REGISTRATION FORM

**BURR RIDGE United Church of Christ**  
15 W 100 Plainfield Road  
Burr Ridge, IL 60527  
Phone: 630.654.4544 Fax: 630.654.8117

Parent/s Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Children Attending:

*\* Please include nursery aged children when you register your Sunday School children.*

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies? \_\_\_\_\_

Special Interests? \_\_\_\_\_

Other Notes:

