

# St. George's Sunday School

## REGISTRATION FORM

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

Phone Number \_\_\_\_\_

*\*\*Please advise us of any allergies, health issues or important information regarding your child:* \_\_\_\_\_

**Please submit either by fax, mail or in person the following Sunday School Program.**

St. George's Memorial Church  
39 Athol Street West, Oshawa, Ontario, L1H 1J5  
FAX (905) 723-7038

*If you have any questions please contact one of our Sunday School Coordinators  
(905) 723-7875*

*Shelley Kossatz or Shelli Jeffs*  
or email: [stgeorgessundayschool@rogers.com](mailto:stgeorgessundayschool@rogers.com)