

Sunday School Enrollment Form

Bible Baptist Church, Mt. Orab

Date: _____

Name: _____ Phone: _____

Address: _____ Apt #: _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ Birthdate: _____

Male Female (circle one) Single Married (circle one)

Church Member: _____ What church: _____

Family Information	Name	Age	Grade	Attends S.S.
Father/Husband				Yes No
Mother/Wife				Yes No
Guardian				Yes No
Sibling/Child				Yes No
Sibling/Child				Yes No
Sibling/Child				Yes No
Sibling/Child				Yes No

Enrolled By: _____ Phone: _____

Double check to make sure all information is accurate and complete.

Turn in form to the Sunday School office.

(Office Use Only)

Assigned to:

Dept: _____ Grade: _____ Teacher: _____

Rev. Ted R. House, Pastor