St. Augustine's Chapel Sunday School

☐ Returning Students (Registered before) ☐ New Registration

Photo

Name: _____ (English) _____ (中文)

Date of Birth: _____ Age: _____

School: _____ Class: _____

Parents' Name:① _____ Phone: _____

② _____ Phone: _____

Email: _____

Baptized? ☐ Yes (which church) _____ ☐ Not yet

Allergy, any Special Attention? No / Yes (please specify) _____

_____

Registration Date: _____

Date	Anything to Change?	Signature