



Dunbar United Church of Christ
Communion Class Registration
Spring 2010

Student's Name: _____

Birthday: _____ Age: _____ Grade: _____

Parents/Guardian: _____

Address: _____

Phone: _____ Email Address: _____

Special Needs/Allergies: _____

___ The best day of the week for my child to attend is: _____

___ The best time of day for my child to attend is: _____

Parent/Guardian Signature: _____

(Please return to the Church at your earliest convenience. Completed forms may be returned by mail or left in the Church Narthex.)

767 Benham Street, Hamden, 06514