



The Mar Thoma Church of Dallas, Carrollton  
Sunday School  
1400 West Frankford Rd., Carrollton, TX 75007

## Sunday School Registration Form

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F

T-shirt size: YXS - YS - YM - YL - AS - AM - AL - AXL

Grade in School: \_\_\_\_\_ Grade in Sunday School: \_\_\_\_\_

MTCD, Carrollton Church Member: Y / N

### **Parent Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies or Other concerns: \_\_\_\_\_

By signing below, I acknowledge that my son/daughter will be a Sunday School student at the Marthoma Church of Dallas, Carrollton. If my child is not a member of the church I understand that my son/daughter cannot participate in the Diocesan Exam or the Sunday School Competitions until membership is received.

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vicar's Signature:** \_\_\_\_\_

**Superintendent's Signature:** \_\_\_\_\_