



**St. Michael's Sunday School
Registration 2009 - 10**
(Ages 4 - Kindergarten)**

Child's Name _____
Parent's Name(s) _____
Address _____
Phone # _____
Child's Date of Birth _____ Baptism _____
E-mail address _____

Fee \$40 per child

Make check payable to "St. Michael's Sunday School"

Send checks & registration form to:

Connie Hill
1619 W. Pine St.,
Stillwater, MN 55082

Questions: Call Connie (439-2867) thehills1996@AOL.com or
Jodi (226-2672) jodikrealtor@hotmail.com

** Sunday school is held during the 9:15 mass in Miller Hall (School Cafeteria). We will be using the program "Promise" that is based on the Sunday gospel. Our first class will be on October 4. Sunday school is completely run by volunteers, please consider volunteering for a session or the whole year. The lesson is planned for you, we need extra help with the children.

Yes, I would love to help with Sunday School

Name _____ Phone # _____

Which Session? Fall Winter Spring
Or Occasional Sub Preparing projects

