

Church School Registration

Year: _____

Family Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____

E-mail: _____

Name of Parents: _____

Mother's Occupation/Buisness: _____ Phone #: _____

Father's Occupation/Buisness: _____ Phone #: _____

Child's Name: _____ Birth Date: _____ Age: _____ Grade: _____

Please list any Allergies: _____

Child's Name: _____ Birth Date: _____ Age: _____ Grade: _____

Please list any Allergies: _____

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Please list any Allergies: _____

Child's Name: _____ Birth Date: _____ Age: _____ Grade: _____

Please list any Allergies: _____

Child's Name: _____ Birth Date: _____ Age: _____ Grade: _____

Please list any Allergies: _____

If the church school is in need of help in any of the following areas, give me a call.

Driving	Telephoning	Typing	Food for special occasions	Substitute teach on Sunday	Extra pair of hands on Sunday	Other

Sorry, I am unable to help at this time: _____

Does our Webmster have your permission to put a group photo of your child onto the church website?

YES _____ NO _____

SIGNATURE: _____