

CHURCH SCHOOL REGISTRATION FORM

FAMILY NAME: _____

(1) Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

(2) Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

CHILDREN'S NAMES:

(1) Name: _____ birthdate: _____ grade: _____

Any allergies or other medical concerns?:

Special interests and activities:

(2) Name: _____ birthdate: _____ grade: _____

Any allergies or other medical concerns?:

Special interests and activities:

(3) Name: _____ birthdate: _____ grade: _____

Any allergies or other medical concerns?:

Special interests and activities:

(4) Name: _____ birthdate: _____ grade: _____

Any allergies or other medical concerns?:

Special interests and activities:

Emergency Contact during Church School hour:

___ I will probably be in the church building

___ Other: _____

I am interested in helping the Church School (circle interests): cooking calling
Teaching an extra pair of hands when needed shopping for supplies
Other: