

CHURCH SCHOOL REGISTRATION FORM

Family name _____ Hour _____

Street _____ City _____

Phone Number _____ Zip Code _____ E-mail _____

Name of parent or adult contact _____

Signature of Parent _____ Date _____

I give my permission for my child to be photographed and pictures used on the church web site without identification.

(parent's signature)

1. Child's name _____

Age _____ Birth date _____ M or F Grade _____

Any allergies or health problems that we should be aware of?

2. Child's name _____

Age _____ Birth date _____ M or F Grade _____

Any allergies or health problems that we should be aware of?

3. Child's name _____

Age _____ Birth date _____ M or F Grade _____

Any allergies or health problems that we should be aware of?

Please describe any special learning needs of any of your children. Include information on how we can make the Church School environment optimum (use back side of this page, if necessary).

(If there are more than three children, please use reverse side of page)

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

Name _____ Telephone _____

___ An extra pair of hands on a Sunday if someone is away

___ Shepherd for Bible Journeys

___ Classroom Helper, PS3 – 1st grade

___ Christmas Pageant

___ Teacher (curriculum provided)

___ Children's Sunday

___ Substitute teacher

___ Sorry, I am unable to help at this time

___ Snack helper or sub

My suggestion _____