

Church School Registration Form
2008-2009 School Year

Date: _____

Please check if you are a Visitor today: _____

Child's Name:

Birth date:

Age:

Baptism date (if applicable):

Academic Grade:

Allergies:

Mother's name:

Occupation:

Address:

Phone:

Father's name:

Occupation:

Address (if different):

Phone (if different):

Family email address: _____

Suggestions for nurturing your child:

learning style

special interests

Emergency Contact during church school hour:

I will probably be in the church building

Other:

If the Church School is in need of help in the following area give me a call:

Teach/Substitute

Classroom or Nursery Helping Hand

Driving

My suggestion:

Telephoning

Food for special occasions

Sorry, I am unable to help at this time

Would you like to be contacted?

Christian Education Director

Church School Teacher

Pastor

Is there any other information that would assist us in working with your child? (Please use reverse.)