2009/2010 CHURCH SCHOOL REGISTRATION FORM

PLEASE FILL OUT ONE FORM PER CHILD

CHILD'S NAME:_____
LAST FIRST MIDDLE

NICKNAME:_____

ADDRESS:_____

CITY:_____ ZIP CODE: _____

HOME PHONE:_____PARENT CELL PHONE:_____

DATE OF BIRTH:_____ AGE AS OF 9/09:_____ GRADE:_____

SCHOOL ATTENDING:_____

PARENT/GUARDIAN:_____ RELATIONSHIP:_____

ADDRESS IF DIFFERENT FROM ABOVE:_____

EMAIL ADDRESS:_____

EMERGENCY CONTACT: (a parent or guardian is expected to be on church property while church school is in session)

Allergies or Health Concerns:_____
_____

Please list any activities that may conflict with regular attendance:_____
_____

Comments or Suggestions:_____
_____
_____
_____