

SEPTEMBER 2007 SCHOOL GRADE _____ (OR) AGE as of 9/01/07 _____

Today's date: _____ Parent/Guardian home phone _____

Child's name (last name first): _____

Address (Street, City, State, Zip): _____

Parent Email: _____

Child's Birth date (month/day/year) _____ Baptized? Y or N Place and date: _____

ALLERGIES OR SPECIAL NEEDS: _____

IMPORTANT: Where will the primary adult/parent be during Church School? _____

Name of Parent(s) or Guardian(s): _____

Address (if different from child/other parent) _____

Phone (if different from child/other parent) _____

Cell phone: _____ Church Member? Y or N Where? _____

Other family members REGISTERED in Church School:

Name: _____ Class: _____

Name: _____ Class: _____

Name: _____ Class: _____

IMPORTANT: IT IS THE POLICY OF THE CHRISTIAN EDUCATION DEPARTMENT THAT ALL CHILDREN INFANT THROUGH GRADE THREE BE TAKEN TO AND PICKED UP FROM CHURCH SCHOOL OR CHOIR BY A PARENT OR GUARDIAN. PLEASE LIST THE NAMES OF THOSE ADULTS WHO HAVE PERMISSION TO RETRIEVE YOUR CHILD:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____