

## 2019-2020 CHURCH SCHOOL REGISTRATION

Please Write <u>Legibly</u> - Use One Form Per Child
Church School Classes Begin Sunday, September 15
Pre-Kindergarten (4 years old by September 30) through High School

Student First Name:	Last Name:	Date of Birth:	
School grade for 2019-2020:	Special needs, Medications, Alle	rgies:	
Patron Saint and date of commemoration	on (new style):	e.g. "Autism Spectrum," "Peanuts," "Insulin Depender	
<b>MOTHER</b>	<u>FATH</u>	OTHER RELATIVE	
Name:	Name:		
Mom's Religion:	Dad's Religi	on:	
Phone:	Phone:		
E-mail:	E-mail:		
Home Address:			
Home Phone:		City ZIP	
Student Phone:	Student E-m	ail:	
If you DO NOT want your ch	aild to be connected by phone/text or by e-ma	il, please leave one or both of these fields blank.	
I give my child permission to take pa	rt in all Church School activities,	and planned and supervised outings.	
Parent or Legal Guardian: (sign & prin			_
Many hands agenthe lead!	Date: Please let us know in which way you	would like to help our shildren	
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Teaching	Snack	Crafts	