



2016 - 2017 Registration

for Nursery and Church School (*up to the 6th grade*)

(Please register your children separately so we can group in classes. Confidential-not for publication or distribution)

Child

Name: _____ Nickname: _____
First Middle Initial Last

Mailing Address: _____ City: _____ State: _____

Zip code: _____ Family Home Phone: (____) _____ - _____ Gender: Male Female

Date of Birth: ____/____/____ Age as of September 2016: _____

School Attending: _____ Grade as of 9/2016: _____

Date of Baptism (*if applicable*): _____ Denomination: _____

Parent / Guardian - EMAIL is the primary source of communication, so please provide an email address.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Address (*if different from above*): _____

Email: _____ Cell Phone: _____

Emergency Contact and Medical Information

Emergency contact person (*a parent / guardian is expected to be on church property when child is in class and worship*).

Name: _____ Relationship: _____ Phone: _____

Allergies (health, dietary and etc.): _____

Health Concerns (*that we should be aware of*): _____

Should we be aware of any learning challenges that your child faces? Yes No

If yes, please specify: _____

This child learns best by... _____

Please list activities that may conflict with participation and regular attendance that we should be aware of:

Media and Photo Release

I hereby give consent for this parish to use my child's image (without their name) in any/all digital _____ media publication such as but not limited to: publication/website, news release or in a printed form. Parent's Initials _____