



2015 - 2016 Registration

for Nursery and Church School (up to the 5th 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 Confidential-not for publication or distribution)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

Street Address: _____ City: _____ State: _____

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

Date of Birth: ____/____/____ Age as of September 2015: _____

School Attending: _____ Grade as of 9/2015: _____

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 _____