

Christ Church Church School Registration

Date: _____

Name of Parent (s)/Guardian (s): _____ (Email:) _____

Address: _____

Phone number: Day _____ Night _____ Cell _____ *(Please circle the preferred contact number)*

Please complete the following section with information on all children through age 18 in your family unit. Please also indicate if your child/youth is has an interest in any particular ministry such as choir, lector, acolyte (must be 10 years or older) Acolyte & Lector Training will be provided.

Full Name (First, Middle, Last)	birth date	Baptized Y or N	current grade	*special needs	<u>Ministries for children/youth:</u>		
					Choir	Lector	Acolyte**
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

* Please indicate **all known allergies** your child has. *(Use the back of this form if necessary.)* _____

We are co-operative Church School program and we encourage parental involvement. If you have any special interest in Children and/or Youth ministries, please indicate below.

Teaching _____ Sub _____ Nursery _____ Music _____ Special Events (Epiphany Pageant, Easter Egg Hunt, etc.) _____

Please return this form to the Church Office by e-mail, by placing it into the collection plate or giving it to Sue Napoletano or Karen Reeman.