

**Christ Church Parish, Kent Island
Sunday School Registration
2009/2010**

Parent/Guardian Name(s):

Address:

Phone Numbers:

Home:

Work:

Cell:

Email Address:

**How do you want to be contacted about
Sunday School & church activities?**

**Mail/Post Card
Yes/No**

**Email
Yes/No**

1. Child's Name	Age & DOB	School Attending	Grade (Fall 09)
Child's Email:			Cell:

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

Also Register this child for:	Children's Choir Yes/No	Acolytes (Grades 5 -12) Yes/No

Do we have your permission to use your child's photo on our website?	With Name? Yes/No	Without Name? Yes/No

2. Child's Name	Age & DOB	School Attending	Grade (Fall 09)
Child's Email:			Cell:

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

Also Register this child for:	Children's Choir Yes/No	Acolytes (Grades 5 -12) Yes/No

Do we have your permission to use your child's photo on our website?	With Name? Yes/No	Without Name? Yes/No

Please list any other children on the back of this form.

3. Child's Name	Age & DOB	School Attending	Grade (Fall 09)
Child's Email:			Cell:

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

Also Register this child for:	Children's Choir Yes/No	Acolytes (Grades 5 -12) Yes/No
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Do we have your permission to use your child's photo on our website?	With Name? Yes/No	Without Name? Yes/No
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4. Child's Name	Age & DOB	School Attending	Grade (Fall 09)
Child's Email:			Cell:

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

Also Register this child for:	Children's Choir Yes/No	Acolytes (Grades 5 -12) Yes/No
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Do we have your permission to use your child's photo on our website?	With Name? Yes/No	Without Name? Yes/No
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