



*Seasons of the Spirit*

Year

# Church School Registration Form

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Baptism date: (if applicable) \_\_\_\_\_ School year: \_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent's/Guardian's name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Postal/Zip code: \_\_\_\_\_

Phone: (if different) \_\_\_\_\_

Email address: \_\_\_\_\_

Child's special interests and activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any allergies? \_\_\_\_\_

\_\_\_\_\_

Siblings attending church school?

Names/Ages: \_\_\_\_\_

\_\_\_\_\_

Emergency contact during church school hour:

I will probably be in the church building

Other \_\_\_\_\_

If church school is in need of help in the following area give me a call:

Driving

An extra pair of hands if someone away

Telephoning

Prayer support

Donate supplies

My suggestion \_\_\_\_\_

Shop for supplies

Food for special occasions

Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children? (Please use reverse side of this page.)