



CHURCH SCHOOL REGISTRATION 2018 - 2019

(Please PRINT clearly)

Please list all children in your household who will attend Church School:

<u>Name:</u>	<u>Grade:</u> (2018-2019)	<u>DOB</u> (mm/dd/yy):	<u>Age:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of siblings currently not in Church School:

Emergency contact name & telephone number:

Names of those people authorized to pick-up your child from nursery, pre-kindergarten, kindergarten, 1st or 2nd grade:

(Form continues on reverse side)

**IMPORTANT: Medical Problems, Allergies, Special Needs, Food Problems?
Other Information We Should Know?**

Parent or Guardian Name: _____

Street: _____

City, State Zip: _____

Home Phone Number: _____

Cell Number(s): _____

Email: _____

I am willing to assist with the Church School Christmas Eve Christmas Pageant.

(Please check one) **Yes** **No**

Signed: _____ **Date:** _____

**CHURCH SCHOOL
VOLUNTEER SIGN-UP 2018 - 2019**

____ I am interested in volunteering my time and talent in support of St.
Stephen's Christian Education and Formation and would like to be contacted.
My interests include (Please Check all that apply):

____ Co-teaching a class ____ Guest musician, Story-teller, etc

____ Substitute teaching ____ other talents I can volunteer:

(Please **PRINT** clearly)

Name: _____

Phone #: _____

Email: _____