

**CHRIST EPISCOPAL CHURCH**  
**SUNDAY SCHOOL REGISTRATION**

**2015-2016**

(Please complete one per child)

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School grade, if applicable: \_\_\_\_\_

Attends (school): \_\_\_\_\_

Baptized ☐ Confirmed ☐

Parent/guardian: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Student's email: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

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Please check if you can help in any of the following ways:

- ☐ Help monitor children's play during coffee hour?
- ☐ Assist a teacher or the children's Chapel leader one Sunday per month?
- ☐ Serve as a substitute teacher?
- ☐ Support youth activities: transportation, cooking, chaperoning?
- ☐ Help with intergenerational family activities?