CHRIST EPISCOPAL CHURCH
SUNDAY SCHOOL REGISTRATION
2016-2017
(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: _____

_____

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?