

# Church School Registration Form

## Session 2009-2010

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Child's Name: \_\_\_\_\_  
Surname (family name) First Name

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy Phone Number: \_\_\_\_\_

Grade: Jk-8  Pre-School:

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Allergies: \_\_\_\_\_

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### Parent/Guardians:

Names: Mother \_\_\_\_\_  
Surname (family name) First Name

Father \_\_\_\_\_  
Surname (family name) First Name

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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e-mail address: \_\_\_\_\_

### Can You Help?

Teaching: Full-Time:  Occasional:

Music: Instrumental:  Leading Singing:

Waiver for photographs: We like to take pictures of the church school activities but we need your permission to print these photos on the notice board or other church publications. Will you agree.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_