

St. James' Anglican Church

Church School Registration Form 2011-12

Please complete one form per child

Name: _____

Birthdate: _____ Age: _____

Baptism date: _____ Grade: _____

Parents'/Guardians' names: _____

Address: _____

Postal code: _____ Phone: _____

Parents'/Guardians' name: _____

Address: (if different) _____

Postal code: _____ Phone: (if different) _____

Family email address: _____ Has your child received a SPARK Bible? Y / N

Child's special interests & activities:

Any allergies or medical conditions of which we should be aware? _____

Siblings attending church school?

Names/ages: _____

Emergency contact during church school:

___ I will be in the church building

___ Other _____

If the Church School is in need of help in the following area give me a call:

___ telephoning

___ an extra pair of hands if someone is away

___ teaching

___ prayer support

___ donate supplies

___ my suggestion _____

___ shop for supplies

___ food for special events

___ sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children?