

St. James' Anglican Church

Church School Registration Form 2009-10

Please complete one form per child

Name: _____

Birthdate: _____ Age: _____

Baptism date: _____ Grade: _____

Parent's/Guardian's name: _____

Address: _____

Postal code: _____ Phone: _____

Parent's/Guardian's name: _____

Address: (if different) _____

Postal code: _____ Phone: (if different) _____

Family email address: _____

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?