St. Paul's Episcopal Child Registration Form Ages 0-Grade5 Year _____

Date			
Child's name	Nick name	Family Phone _	
Street Address		Town/City	Zip
Date of birth		Age as of 9/1 Grade	_
Date of baptism	Denomination		_
PARENT OR GUARDIAN INFORM	IATION		
Name		Relationship	_
Name		Relationship	_
Name		Relationship	_
Address (if different from above	2)		
Email address		Cell ()	
OTHER INFORMATION	ABOUT THE CHILD		
Allergies (health, dietary) or oth	er concerns		
Should we be aware of any lear	ning challenges you child faces?		
This child learns best by			
Please list activities that may co	nflict with participation and reg	ular attendance	
Other comments			
EMERGENCY CONTACT	INFORMATION		
A parent/guardian is expected t	o be on church property when t	neir child is in class and worship.	
MEDIA AND PHOTO REL	EASE FORM		
I hereby give permission for this parish to use my child's photograph (without their name) in parish publications, on the			

parish website and in news releases in regard to any parish sponsored activity.

Parent/guardian signature _____