

**CHRIST EPISCOPAL CHURCH
FAMILY MINISTRIES
Church School Registration Form**

Child's Name:

Grade:

Birthday:

Age:

Date Baptized:

Place of Baptism:

Parent's:

Telephone:

Email:

Allergies/Medical conditions:

Is there anything else we should know about your child:

IN CASE OF EMERGENCY CONTACT:

_____ at: _____

We request that one parent remain in the building during Church School time. Church School begins at 9:45. We appreciate your promptness.