



Church School Registration Form 2007-2008

Parent Names _____

Address Street _____ P.O. Box _____

Town _____ Zip _____

Phone _____ Email _____

Do you want to receive email updates of your child's class' activities? Yes No

✠ **Child #1** Name _____ Birth Date _____

Grade (Fall 07) _____ School Attending _____

Allergies/Special Needs _____

Special Interests _____

Has a Bible? Yes No

✠ **Child #2** Name _____ Birth Date _____

Grade (Fall 07) _____ School Attending _____

Allergies/Special Needs _____

Special Interests _____

Has a Bible? Yes No

✠ **Child #3** Name _____ Birth Date _____

Grade (Fall 07) _____ School Attending _____

Allergies/Special Needs _____

Special Interests _____

Has a Bible? Yes No

(List additional children on reverse and check here so we will see the back)