

St. Paul's Episcopal Church Church School

2019-2020 REGISTRATION FORM

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

home phone: _____ cell phone: _____ e-mail: _____

2nd Parent/Guardian name: _____

home phone: _____ cell phone: _____ e-mail: _____

Mailing address: _____

School Information

Name of school: _____ Grade this year: _____

School District: _____

Religious Information *(for first-time registrants):*

Baptism: _____ (when?) _____ (where?)

Does your child receive Holy Communion? yes no

Confirmation: _____ (when?) _____ (where?)

Please turn over



Special Needs/Food Allergies

Does your child have any food allergies, chronic conditions, special needs or challenges (medical, physical, emotional, learning disabilities, etc.) about which clergy or teachers should know? If so, please provide details below:

For your child's safety, we require that at least one parent or responsible adult remain on church premises for the duration of time your child is in Church School. Please sign below to indicate that you understand and accept this requirement.

(Parent/Guardian)

(Date)

Please complete a separate form for each child entering Church for the first time and return by e-mail to prior to the first day of classes, Sunday, September 8 to the Parish Office at: stpaulsmp@optonline.net

Forms (printed out) will also be accepted on the first day of classes.