

**2015-2016 ST. ANDREW'S EPISCOPAL CHURCH  
CHURCH SCHOOL REGISTRATION**

(ONE FORM PER CHILD PLEASE)

NAME OF STUDENT: \_\_\_\_\_

GRADE AS OF SEPTEMBER 2015: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ IS YOUR CHILD BAPTIZED? \_\_\_\_\_

IF YES, WHEN AND WHERE? \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS (IF DIFFERENT): \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY LEARNING, SOCIAL OR MEDICAL CONCERNS THAT WE SHOULD  
KNOW ABOUT? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? \_\_\_\_\_

PLEASE DESCRIBE ANY ADDITIONAL REASON(S) THAT YOUR CHILD WOULD BE UNABLE TO  
PARTICIPATE IN CHURCH SCHOOL ACTIVITIES SIMILAR TO SAME AGE PEERS (USE BACK OF  
APPLICATION IF NEEDED)

\_\_\_\_\_  
**\*\*PLEASE CONSIDER MEETING WITH US TO DISCUSS ACCOMMODATIONS TO ENHANCE YOUR  
CHILD'S CHURCH SCHOOL EXPERIENCE.**

CAN YOU HELP IN ANY WAY WITH CLASSES?

I CAN HELP MY CHILD'S CLASS BY:

\_\_\_\_\_ HELPING IN THE CLASSROOM \_\_\_\_\_ CHAPERONING A FIELD TRIP

\_\_\_\_\_ DONATING SUPPLIES \_\_\_\_\_ SUBSTITUTING FOR A TEACHER

\_\_\_\_\_ I AM INTERESTED IN BECOMING A TEACHER

**PARENTS, PLEASE READ AND SIGN:**

"I WILL DO ALL I CAN TO SEE TO IT THAT MY CHILD ATTENDS WEEKLY CHURCH SCHOOL  
CLASSES AND SUNDAY SERVICES REGULARLY, AND, I WILL TRY TO ASSIST BY DISCUSSION AND/  
OR PARTICIPATION IN CLASS OR OUTSIDE ACTIVITIES."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FEE: WE ASK A DONATION OF \$15 PER CHILD (MAXIMUM \$30 PER FAMILY) FOR STUDENTS  
ENTERING PRE-KINDERGARTEN THROUGH FIFTH GRADE. NO CHARGE FOR NURSERY.

**THANK YOU!**