

**ST. ANDREW'S EPISCOPAL CHURCH
CHURCH SCHOOL REGISTRATION**

(ONE FORM PER CHILD PLEASE)

NAME OF STUDENT: _____

GRADE AS OF SEPTEMBER: _____

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
BE AWARE OF? _____

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 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

PLEASE CHECK ONE:

_____ I GIVE PERMISSION FOR MY CHILD _____
TO BE INCLUDED IN PICTURES/VIDEOS ON THE ST. ANDREW'S WEBSITE.

_____ I DO NOT WANT MY CHILD INCLUDED IN PICTURES/VIDEOS ON THE ST. ANDREW'S WEBSITE

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 _____

THANK YOU!