

Saint Peter's Episcopal Church 2017-2018
Church School Registration (Pre-School-Grade 8)
(Confidential – not for publication or distribution)

Parent(s) / Guardian(s)

Name: _____ Relationship: _____

Address: _____

E-mail: *(To contact you regarding Church School matters)* _____

Home phone: _____ Cell phone: _____

Emergency contact information: a parent/guardian is expected to be on church property when child is in class & worship:

Media and Photo Release Form

I hereby give permission for this parish to use my child's photograph (without their name) on the parish website and in news releases in regard to any parish sponsored activity.

Parent/Guardian Signature

Date

Specific things I would like my child(ren) to learn this year:

Parents: We need your help to ensure the success of our church school program. If you are willing to help us out by volunteering to become part of the teaching team for any of our classes or in assisting with special events, would you indicate your intent by printing your name(s) below? Thank you!

I/we would like to help out in the classroom: _____ **Grade level:** _____

I would like to see the following parent/children activities developed at St. Peter's:

PLEASE SEE REVERSE FOR CHILDREN'S INFORMATION SECTION

Child / Youth 1.

Name: _____ Nickname: _____
First Middle Last

Date of birth: _____ Gender: M ____ or F ____

School attending: _____ Grade as of 9/1/17: _____

Date of baptism: _____ Church: _____ Denomination: _____

Please note any allergies (health, dietary) or other concerns that we should be aware of:

Should we be aware of any learning challenges or behavioral issues your child faces? How would you prefer that we respond to each of these issues?

Child / Youth 2.

Name: _____ Nickname: _____
First Middle Last

Date of birth: _____ Gender: M ____ or F ____

School attending: _____ Grade as of 9/1/17: _____

Date of baptism: _____ Church: _____ Denomination: _____

Please note any allergies (health, dietary) or other concerns that we should be aware of:

Should we be aware of any learning challenges or behavioral issues your child faces? How would you prefer that we respond to each of these issues?

Child / Youth 3.

Name: _____ Nickname: _____
First Middle Last

Date of birth: _____ Gender: M ____ or F ____

School attending: _____ Grade as of 9/1/17: _____

Date of baptism: _____ Church: _____ Denomination: _____

Please note any allergies (health, dietary) or other concerns that we should be aware of:

Should we be aware of any learning challenges or behavioral issues your child faces? How would you prefer that we respond to each of these issues?