

Sunday SCHOOL

REGISTRATION 2009-2010

Names of Parents _____

Home Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

CHILDREN'S NAMES

1. _____ Date of Birth _____

School _____ Grade Sept. 2008 _____

Allergies _____

2. _____ Date of Birth _____

School _____ Grade Sept. 2008 _____

Allergies _____

3. _____ Date of Birth _____

School _____ Grade Sept. 2008 _____

Allergies _____

4. _____ Date of Birth _____

School _____ Grade Sept. 2008 _____

Allergies _____

_____ I grant Christ Church permission to use photos of my child(ren) in publications including its web page and local newspapers.