

Church School Registration

2018 - 2019



Student #1 Name: _____ Birthdate: ____/____/____
Grade in School: _____ School attending: _____
Baptized? Yes ___ No ___ Confirmed? Yes ___ No ___
Baptismal Date: _____ Church/City: _____
Confirmation Date: _____ Church/City: _____
Student Cell Phone: ____ - ____ - _____ Student Email Address: _____
Medical/Emotional/Behavioral conditions, allergies, other important info:

Student #2 Name: _____ Birthdate: ____/____/____
Grade in School: _____ School attending: _____
Baptized? Yes ___ No ___ Confirmed? Yes ___ No ___
Baptismal Date: _____ Church/City: _____
Confirmation Date: _____ Church/City: _____
Student Cell Phone: ____ - ____ - _____ Student Email Address: _____
Medical/Emotional/Behavioral conditions, allergies, other important info:

Student #3 Name: _____ Birthdate: ____/____/____
Grade in School: _____ School attending: _____
Baptized? Yes ___ No ___ Confirmed? Yes ___ No ___
Baptismal Date: _____ Church/City: _____
Confirmation Date: _____ Church/City: _____
Student Cell Phone: ____ - ____ - _____ Student Email Address: _____
Medical/Emotional/Behavioral conditions, allergies, other important info:

Student #4 Name: _____ Birthdate: ____/____/____
Grade in School: _____ School attending: _____
Baptized? Yes ___ No ___ Confirmed? Yes ___ No ___
Baptismal Date: _____ Church/City: _____
Confirmation Date: _____ Church/City: _____
Student Cell Phone: ____ - ____ - _____ Student Email Address: _____
Medical/Emotional/Behavioral conditions, allergies, other important info:

Family Information & Permission Forms:

Parent / Guardian Name(s): _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ - _____ - _____

Cell Phone(s): _____ - _____ - _____ _____ - _____ - _____

Preferred Family Email: _____



Parent Participation:

I understand that Grace's Church School program is run entirely by volunteer members. I will regularly visit my child's classroom and be available to help if necessary.

Parent/Guardian Signature

Date



Photo Release:

_____ I give Grace Episcopal Church permission to use photos of my child in church publications, including Grace's website, Facebook page, bulletin boards and the Narthex video monitor.

_____ I do not want photos of my child published in any church publications, including Grace's website, Facebook page, bulletin boards and the Narthex video monitor.

Parent/Guardian Signature

Date



Contacting Students (middle school & high school only):

_____ I give my permission for volunteer teachers and/or church staff members to contact my student(s) about church events through their personal cell phone number or email address listed on this registration form.

_____ I do not want anyone from Grace Church to contact my student(s) directly. Please send all church communications to the parent/guardian.

Parent/Guardian Signature

Date