



# Sunday School Registration 2018/2019

<b>Parent/Guardian Name(s):</b>		
<b>Address:</b>		
<b>Phone Numbers:</b>		
<b>Home:</b>	<b>Cell:</b>	
<b>Email Address:</b>		
<b>With which congregation do you worship? (Circle one)</b>	<b>Christ Church</b>	<b>Living Water</b>
<b>Do we have your permission to use photos of your children on our website?</b>	<b>With Name? Yes/No</b>	<b>Without Name? Yes/No</b>

1. Child's Name	Age & DOB	School Attending	Grade (Fall '18)

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

<b>Also register this child for: CCPKI Acolytes (Grades 5 -12)? (Circle One)</b>	
<b>Yes</b>	<b>No</b>

2. Child's Name	Age & DOB	School Attending	Grade (Fall '18)

Date Baptized	Date Confirmed	Allergies, Medical Problems or Restrictions

<b>Also register this child for CCPKI Acolytes (Grades 5 -12)? (Circle One)</b>	
<b>Yes</b>	<b>No</b>

*Please list any other children on the back of this form.*

<b>3. Child's Name</b>	<b>Age &amp; DOB</b>	<b>School Attending</b>	<b>Grade (Fall '18)</b>

<b>Date Baptized</b>	<b>Date Confirmed</b>	<b>Allergies, Medical Problems or Restrictions</b>

<b>Also register this child for CCPKI Acolytes (Grades 5 -12)? (Circle One)</b>	
<b>Yes</b>	<b>No</b>

<b>4. Child's Name</b>	<b>Age &amp; DOB</b>	<b>School Attending</b>	<b>Grade (Fall '18)</b>

<b>Date Baptized</b>	<b>Date Confirmed</b>	<b>Allergies, Medical Problems or Restrictions</b>

<b>Also register this child for CCPKI Acolytes (Grades 5 -12)? (Circle One)</b>	
<b>Yes</b>	<b>No</b>