



# Sunday School Registration 2019/2020

|                                                                                      |                              |                                 |
|--------------------------------------------------------------------------------------|------------------------------|---------------------------------|
| <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?<br/>(Circle one)</b>                      | <b>Christ Church</b>         | <b>Living Water</b>             |
| <b>Do we have your permission to use photos<br/>of your children on our website?</b> | <b>With Name?<br/>Yes/No</b> | <b>Without Name?<br/>Yes/No</b> |

| 1. Child's Name | Age & DOB | School Attending | Grade<br>(Fall '19) |
|-----------------|-----------|------------------|---------------------|
|                 |           |                  |                     |

| 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<br>(Fall '19) |
|-----------------|-----------|------------------|---------------------|
|                 |           |                  |                     |

| 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 '19)</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 '19)</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> |