



St. MARY'S EPISCOPAL CHURCH
CHURCH SCHOOL REGISTRATION - 2010-2011 - NURSERY THROUGH GRADE 12

Please fill out all entries. If you have any questions please see the Director of Children's and Youth Ministries. Additional forms are available.

Father's Name: _____ Telephones: _____

Address: _____

Mother's Name: _____ Telephones: _____

Address: _____

Parents E-Mail Address: _____

1) Child's First and Middle Name: _____ Date of Birth: ___/___/___ Age: ___ Grade: ___

Please circle appropriate class: Nursery 4'S - 1 2 - 5 6 - 8 9 - 12 Sex: M / F

Receives Communion? Yes / No Confirmed? Yes / No

Explain any conditions which may limit activity or any we should be aware of: (Additional space on back)

Child # 1 E-mail address: _____

2) Child's First and Middle Name: _____ Date of Birth: ___/___/___ Age: ___ Grade: ___

Please circle appropriate class: Nursery 4'S - 1 2 - 5 6 - 8 9 - 12 Sex: M / F

Receives Communion? Yes / No Confirmed? Yes / No

Explain any conditions which may limit activity or any we should be aware of: (Additional space on back)

Child # 2 E-mail address: _____

3) Child's First and Middle Name: _____ Date of Birth: ___/___/___ Age: ___ Grade: ___

Please circle appropriate class: Nursery 4'S - 1 2 - 5 6 - 8 9 - 12 Sex: M / F

Receives Communion? Yes / No Confirmed? Yes / No

Explain any conditions which may limit activity or any we should be aware of: (Additional space on back)

Child # 3 E-mail address: _____

I (We) _____ hereby authorize the teachers/staff of St. Mary's Episcopal Church School to act in my (our) place to see emergency treatment for my (our) child.

Signature of Parent or Guardian: _____

Please return this form to the Director of Children's and Youth Ministries Office.