



Christ Church Parish

CHURCH SCHOOL REGISTRATION FORM

Pre-school - 2nd Grade

CHILD'S NAME: Last _____ First _____

DATE OF BIRTH: _____ GRADE: _____

ALLERGIES: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: Last _____ First _____

RELATIONSHIP: _____

PHONE: (Cell) _____ (Home) _____

EMAIL: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: Last _____ First _____

RELATIONSHIP: _____

PHONE: (Cell) _____ (Home) _____

EMAIL: _____

ADDRESS: _____

EMERGENCY CONTACT: Last _____ First _____

RELATIONSHIP: _____

PHONE: (Cell) _____ (Home) _____

ALLERGIES/MEDICAL CONDITIONS:

DO YOU WANT TO ADD ANYTHING ABOUT YOUR CHILD?

I WOULD LIKE TO RECEIVE COMMUNICATION THROUGH:

- TEXT MESSAGE
- EMAIL
- PHONE CALL

DATE: _____ NAME & SIGNATURE: _____