



Christ Church Parish

CHURCH SCHOOL REGISTRATION FORM

Intermediate - High School

CHILD'S NAME: Last _____ First _____

DATE OF BIRTH: _____ GRADE: _____

ALLERGIES: _____

EMAIL: _____ CELL: _____

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) _____

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www.ccbtown.com

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: _____