

# Church School Registration

School Year 2011-2012

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade: PreSchool    Kindergarten 1    2    3    4    5

Session: Tuesday 6:30-7:30pm    Sunday 10:00    Sunday 11:00

Birthdate: \_\_\_\_\_ Age as of 9/1/11: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Phone Numbers: \_\_\_\_\_

Parent email address: \_\_\_\_\_

*(this is Rachel's main form of communication unless noted otherwise)*

Emergency Contact: \_\_\_\_\_

Please note any allergies or other medical conditions below:

Fee: \$25 or \$50/family    Cash    Check # \_\_\_\_\_

*Please use one enrollment form per child. Please complete the form and return to Rachel Arends or the Church Office. You will only be notified if there is a problem. If you have any questions regarding this form or church school, please contact the church office at 425-4243.*