

All Saints' Christian Education Registration Form

Child Information

1. Name: _____

Date of Birth: _____ Age _____

Grade for 2015-2016 School Year or Toddler: _____

Any allergies All Saints' should be aware of?
What? _____

2. Name: _____

Date of Birth: _____ Age _____

Grade for 2015-2016 School Year: _____

Any allergies All Saints' should be aware of?
What? _____

3. Name: _____

Date of Birth: _____ Age _____

Grade for 2015-2016 School Year or Toddler: _____

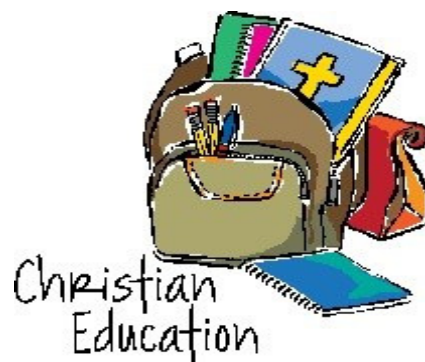
Any allergies All Saints' should be aware of?
What? _____

4. Name: _____

Date of Birth: _____ Age _____

Grade for 2015-2016 School Year or Toddler: _____

Any allergies All Saints' should be aware of?
What? _____



Parents or Other Relative* Information

*Please indicate if parent or other relation (write in relationship, ex grandmother, aunt, cousin, sister, etc.)

Mother's* Name: _____

Mother's Address: _____

Mother's Home Phone Number: (_____) _____ Cell _____

Mother's Email Address: _____

Father's* Name: _____

Father's Address (if different): _____

Father's Home Phone Number: (_____) _____ Cell _____

Father's Email Address: _____

___I/We would like to help by teaching, assisting, crafts or refreshments? (circle choice)