



Seasons of the Spirit

Year _____

Church School Registration Form

Name: _____

Birthdate: _____ Age: _____

Baptism date: (if applicable) _____ School year: _____

Parent's/Guardian's name: _____

Address: _____

Postal/Zip code: _____

Phone: _____

Parent's/Guardian's name: _____

Address: (if different) _____

Postal/Zip code: _____

Phone: (if different) _____

Email address: _____

Child's special interests and activities: _____

Any allergies? _____

Siblings attending church school?

Names/Ages: _____

Emergency contact during church school hour:

I will probably be in the church building

Other _____

If church school is in need of help in the following area give me a call:

Driving

An extra pair of hands if someone away

Telephoning

Prayer support

Donate supplies

My suggestion _____

Shop for supplies

Food for special occasions

Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your children? (Please use reverse side of this page.)