

All Saints' Church School Registration Form

FAMILY NAME: _____ DATE _____

ADDRESS: _____

PHONE NUMBER: _____ POSTAL CODE _____

EMAIL ADDRESS: _____

NAME OF PARENT(S) OR ADULT CONTACT: _____

I give my permission for my child/children to be photographed.

1. Child's Name: _____

2. Child's Name: _____

Age: _____ Grade: _____

Age: _____ Grade: _____

Birth Date: _____

Birth Date: _____

Child's special interests and activities

Child's special interests and activities

Allergies:

Baptized: Yes No

Allergies:

Baptized: Yes No

3. Child's Name: _____

4. Child's Name: _____

Age: _____ Grade: _____

Age: _____ Grade: _____

Birth Date: _____

Birth Date: _____

Child's special interests and activities

Child's special interests and activities

Allergies:

Baptized: Yes No

Allergies:

Baptized: Yes No

I would be willing to help in the following areas:

Telephoning

Food for special occasions

An extra pair of hands on a Sunday if someone is away Painting and mounting the teaching pictures

Sorry, I am unable to help at this point: