

2011 – 2012 Children & Youth Registration Form

(Confidential)

Start Date – September 11th, 2011

Student Information:

Name: _____ Nickname: _____

Address: _____ City & Zip Code: _____

Date of birth: _____ Age as of 9/2011: _____ Baptism date: _____

School attending: _____ Grade: _____

Parent /Guardian Information:

Name: _____ Relationship: _____

Address (if different from student): _____

City & Zip: _____

Home Tel#: _____ Cell#: _____

E-mail: _____

E-mail will be used to communicate events, activities and periodic parent letters & information.

Emergency Contact Information (a parent or legal guardian is expected to be on church property while child is in class & worship): _____

Please note any allergies (health, dietary) or any other concerns: _____

Should we be aware of any learning challenges your child faces? _____

_____ over →

This child learns best by

Would you be willing to help out in the classroom? _____ Teacher or Assistant? _____

(Please keep in mind that all lessons are pre-selected and very easy to teach. Any assistance/resources will be made available to you.)

Would you be interested in helping out with craft prep or classroom organization/clean up?

I give permission for my child's photograph to be used in St. Stephen's publications about church school such as local newspapers, the Witness bulletin, church website and the Episcopal Diocesan Website.

_____yes _____No

Parent Signature _____

If you should have any questions or concerns, please don't hesitate to contact Lynda Hickey at st.stephenchildren@att.net or 860-267-6658.