St. Bartholomew's Anglican Church – Sunday School Ministry Registration Form 2014-2015

To be filled out by parent or legal guardian ONLY - PLEASE PRINT

Name			
(LAST	Name)	(FIRST Name	e) (MIDDLE Name)
Date of Birth	Age now Pres	sent school grade	[service]
	Name	of your child's school	(for prayer)
My child has been I	Baptized Yes	/ My child	d can take Communion / No
FATHER(LAS	ST)	(FIRST)	ES, I WANT TO VOLUNTEER
MOTHER(LAS	 ST)	(FIRST)	ES, I WANT TO VOLUNTEER
Child's Street Addr	ess	(House # and Stree	et)
(Town AND	Zip code)	(Phone number)	(Parent E-mail)
Does this child have	e any allergies?		
What medication is	he/she taking? _		
Any special needs t	o be aware of?		
Additional info we	need to be aware	of?	
The following peop	le have my permi	ssion to pick my child up	
			(Parent signature)
	<u>NAME</u>		RELATIONSHIP TO CHILD
1			
2			