

**Calvary Episcopal Church's Sunday School
Registration Form 2008/2009**

Parent/Guardian Name(s): _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell phone(s): _____
Parent Email Address(s): _____

Child(ren) Name(s):

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____

Child's Name: _____ M/F
Date of Birth: _____ Date of Baptism: _____ School grade: _____
Allergies? Circle One: Yes/No Please specify: _____
Youth Email Address: _____
Youth Cell Number: _____