CHRISTIAN EDUCATION REGISTRATION 2013-2014 St. James' Episcopal Church

Registration for: (please of	circle) Nursery Pre-K	$K-5$ $6^{tn}-8^{tn}$	9 th -12 th
Student's NameFir			
Fir	rst MI	Last	
Student's Address	China and		
	Street		
City	State	Zip Code	
Parent's Names1)		2)	
E-mail address			
Home Phone	Cell P	hone	
Student's Age	Date of Birth	Grad	le in School
What school do they atter Does your child play an i	nd? nstrument or sing?		
1. Does your child have a (Please explain)	any special needs about w	hich we should be aw	are?
2. Does your child have a	any allergies to food? Plea	ase explain any proce	dures to follow.
3. Other allergies we sho	uld be aware of. Please ex	xplain any procedures	s to follow.
4. Any other information	about your child that ma	y be helpful to teache	rs.
5. Is your child new to S	t. James' Church School?	Yes	No
Program at St. James with area media outlets. Please complete and sign manner. Please circle.	graphs will be taken of the half the intention to use in out to give permission for ph	ur own communication of your chi	on pieces or submitted to
I do / do not agr	ree to release pictures of n	ny child for communi	cation purposes.
Signature	Relationship to child		Date