

Registration Form: Sunday School and Nursery Program



The Anglican Parish of
Christ Church

DATE REGISTERED:

NAME OF CHILD:

DATE OF BIRTH:

NAMES OF PARENTS/GUARDIAN:

NAMES OF SIBLINGS:

ADDRESS:

PARENTS PHONE NUMBER(S):

CAN WE TEXT YOU DURING THE SERVICE IF YOUR CHILD IS UNWELL? YES NO
(Reminder to turn to silent mode)

EMAIL ADDRESS:

IS YOUR CHILD BAPTISED? YES NO WOULD YOU LIKE INFORMATION ON BAPTISM? YES NO

MEDICAL CONCERNS, ALLERGIES:

DIETARY CONCERNS:

ITEMS FAVOURED FOR COMFORT:

SPECIAL NEEDS OR CONCERNS: