

**CHRIST EPISCOPAL CHURCH**  
**SUNDAY SCHOOL REGISTRATION**  
**2024-2025**

(Please complete one per child)

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School grade, if applicable: \_\_\_\_\_

Attends (school): \_\_\_\_\_

Baptized  Confirmed

Parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Emergency Contact (Name, relationship, phone number):

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Who, in addition to you, is allowed to pick up your child? \_\_\_\_\_

Is there anyone NOT ALLOWED to pick up your child? \_\_\_\_\_

Food/Environmental Allergies or other medical conditions:

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Please check if you can help in any of the following ways:

- Help monitor children's play during coffee hour?
- Assist a teacher or the Children's Chapel leader one Sunday per month?
- Serve as a substitute teacher?