St. Jude's Episcopal Church
2011-2012 Church School Registration

Student's Name_____,_____
LAST FIRST MIDDLE

Gender: □ male □ female

Date: _____ Current Grade in School: _____ Age: _____ Birth date: _____/_____/_____
M D Y

Baptism Date: _____Confirmation Date: _____ Church & City of Baptism/Conf.: _____

_____

Allergies or other health problems we should be aware of:

_____

_____

_____

St. Jude's has permission to include my child's photo in website group photos: Yes_____ No_____

Siblings at St. Jude's: Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Parent(s)/Guardian(s) Name(s):_____

Address: _____ City:_____ Zip:_____

Home Phone: (____)_____ -_____ Cell Phone: (____)_____-_____ Work Phone: (____)_____-_____

Email Address(s) of Parents_____

Email Address of Student_____

Please check any areas in which you can help:

Program Assistance:

- □ Teacher
- □ Class Assistant □
- □ Godly Play Storyteller
- □ Godly Play Greeter/Doorkeeper
- □ Substitute Teacher/Class Assistant
- □ Arts & Crafts
- □ Music
- □ Drama
- □ Gardening
- □ Nursery Care Assistant
- □ Sewing
- □ Acolyte Leadership
- □ Providing Snacks
- □ Administrative Assistance
- □ Other_____

Special Events & Activities:

- □ Event Refreshments
- □ Family Events
- □ Advent Wreath Making
- □ Christmas Pageant/Musical
- □ Epiphany Party
- □ Palm Sunday
- □ Easter egg Hunt
- □ Special Liturgies
- □ Beginning of School Year Party
- □ End of School Year Party
- □ Overnight Events
- □ Other_____