

Christ Church Episcopal Sunday School Registration Form

Thank you for completing the following information about your child/children. Any information you provide will be kept confidential.

Date _____

Names of parents/guardian: _____

Address : _____

Home phone: mother _____ father _____

Cell phone: mother _____ father _____

Email: mother _____

father _____

Child's name _____

Date of birth: _____ Age _____ Grade _____

Allergies/special needs/anything we should know about your child

Child's name _____

Date of birth _____ Age _____ Grade _____

Allergies/special needs/anything we should know about your child

I give permission for my child/children to be photographed and images used in the Sunday School classroom, or parish publications such as newsletters, church website, parish directory. Children will not be identified by name unless permission is granted by parent.

signed _____ date _____

I understand that I am expected to remain on church premises during Sunday School in the event of an emergency or if I am needed for any other reason.

signed _____ date _____

This form may be brought to church, or to the church office during office hours, or may be mailed:

Christ Church Episcopal
127 Barnum Ave
Port Jefferson, NY 11777

Any questions or concerns please call the office at
631 473 0273
or Carol Bluni at home 631 849 6104