

2007 – 2008 ST. BARNABAS CHURCH SCHOOL REGISTRATION

Please use this form to register all your children.

Date: _____ Church Service usually attending: _____

Children's Family Name: _____

Father/Guardian's First Name: _____ MI: ____ Last Name: _____

Mother/Guardian's First Name: _____ MI: ____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Home Telephone # _____ Father/Guardian Wk Phone: _____

Email Address of parents: _____ Mother/Guardian Wk Phone: _____

School District: _____ Member of St. Barnabas since: _____

1. Child's First Name & MI _____ Age: ____ Baptized? __y__ n Confirmed? __y__ n
Male: ____ Female: ____ Birth Date: _____ Grade in School: _____
Allergies: _____ Special Medications/Needs: _____
Does your child play an instrument or have any special talents?: _____
Would your child be interested in learning more about:
_____ Children's Choir _____ Bell Choir _____ Hand Chimes _____ Acolytes

2. Child's First Name & MI _____ Age: ____ Baptized? __y__ n Confirmed? __y__ n
Male: ____ Female: ____ Birth Date: _____ Grade in School: _____
Allergies: _____ Special Medications/Needs: _____
Does your child play an instrument or have any special talents?: _____
Would your child be interested in learning more about:
_____ Children's Choir _____ Bell Choir _____ Hand Chimes _____ Acolytes

3. Child's First Name & MI _____ Age: ____ Baptized? __y__ n Confirmed? __y__ n
Male: ____ Female: ____ Birth Date: _____ Grade in School: _____
Allergies: _____ Special Medications/Needs: _____
Does your child play an instrument or have any special talents?: _____
Would your child be interested in learning more about:
_____ Children's Choir _____ Bell Choir _____ Hand Chimes _____ Acolytes

4. Child's First Name & MI _____ Age: ____ Baptized? __y__ n Confirmed? __y__ n
Male: ____ Female: ____ Birth Date: _____ Grade in School: _____
Allergies: _____ Special Medications/Needs: _____
Does your child play an instrument or have any special talents?: _____
Would your child be interested in learning more about:
_____ Children's Choir _____ Bell Choir _____ Hand Chimes _____ Acolytes

To register more than 4 children, please attach an additional form.

Any additional information about your children you feel it would be important for our teachers to know:

Would you be interest in volunteering and supporting the Church School in the areas of:

Teaching Substitute Teaching Snack Assistant Classroom Assistant