



Parent(s) Name(s) _____

Address _____

Phone(s) _____

e-mail address(es) _____

Address of child(ren) if different from parent _____

_____ Please check here if your family is new to St. George's

Child #1 _____

Birth date ____/____/____ Baptism date ____/____/____ Grade Sept. 2008 ____

Any health or allergy alerts: _____

_____ Please check here if this is this child's first year in St. George's Church School

Child #2 _____

Birth date ____/____/____ Baptism date ____/____/____ Grade Sept. 2008 ____

Any health or allergy alerts: _____

_____ Please check here if this is this child's first year in St. George's Church School

Child #1 _____

Birth date ____/____/____ Baptism date ____/____/____ Grade Sept. 2008 ____

Any health or allergy alerts: _____

_____ Please check here if this is this child's first year in St. George's Church School

I would be willing to help the Church School in the following ways:

_____ Teach _____ Substitute

_____ Drive on field trips _____ Number of seat belts in addition to driver _____

License Plate # _____ Make/model of car _____

_____ Chaperone a field trip without driving

_____ Help plan an activity: _____ Outreach _____ Educational _____ Fun

_____ Help with seasonal activities:

_____ All Saints _____ Christmas _____ Epiphany _____ Easter _____ Pentecost

_____ Be a prayer partner for one of the classes