

Calvary by the Sea Lutheran Church Sunday School Registration 2011-2012

Father's Name: _____ Cell Phone Number: _____

Father's Email Address: _____ CBTS Member? Yes / No

Mother's Name: _____ Cell Phone Number: _____

Mother's Email Address: _____ CBTS Member? Yes / No

Home Address: _____

Home Phone Number: _____ Alternate Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

1. Child's Name: _____ Birthdate: _____

Age: _____ Grade: _____ School: _____

Medical Conditions/Allergies/etc: _____

2. Child's Name: _____ Birthdate: _____

Age: _____ Grade: _____ School: _____

Medical Conditions/Allergies/etc: _____

3. Child's Name: _____ Birthdate: _____

Age: _____ Grade: _____ School: _____

Medical Conditions/Allergies/etc: _____

Parent's Signature

Date

Are you interested in helping with our program? (Ex. donating snacks, substitute teacher, etc.) Yes / No