

BRECKSVILLE UNITED CHURCH OF CHRIST



Church School Registration Form Year _____

Name: _____

Birthdate: _____ Age: _____

Baptism Date: _____ School Year: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip code: _____

Home Phone: _____ Mobile Phone: _____

Other Parent/Guardian Name (if applicable): _____

Address (if different): _____

City: _____ Zip code: _____

Home Phone: _____ Mobile Phone: _____

Child's special interests and activities: _____

Medical Conditions/Allergies (please describe): _____

Names/ages of siblings attending church school: _____

Emergency contact during church school hour:

☐ I will probably be in the church building

☐ Other instructions _____

If there is any other information that would assist us in working with your children, please use the reverse side of this page.