

**Christ Episcopal Church – Youth Christian Formation
Registration Form for 2023-2024**

Child's Information

(1) Child's Name _____ Date of Birth _____

Personality _____ Allergies/Medical Concerns _____

Address _____

School _____ Grade _____

(2) Child's Name _____ Date of Birth _____

Personality _____ Allergies/Medical Concerns _____

Address _____

School _____ Grade _____

(3) Child's Name _____ Date of Birth _____

Personality _____ Allergies/Medical Concerns _____

Address _____

School _____ Grade _____

(4) Child's Name _____ Date of Birth _____

Personality _____ Allergies/Medical Concerns _____

Address _____

School _____ Grade _____

Parent/Guardian Information

Name _____ Relationship _____

Email Address _____ Phone Number _____

Name _____ Relationship _____

Email Address _____ Phone Number _____

Address (if different from child's) _____

I would like my child(ren) to learn about _____

***EMERGENCY CONTACT** a parent/guardian is expected to be on the property during Sunday School

MEDIA AND PHOTO RELEASE I hereby give permission for Christ Church to use my child's/children photograph without name in parish publication, on the parish website, Facebook, and in news releases in regard to any parish related activity.

Parent/Guardian signature _____ Date _____