



2009-2010 SUNDAY and WEDNESDAY SCHOOL REGISTRATION

Participant's Name: _____

Address: _____

Telephone #: _____ Age: _____

Date of Birth: _____ Date of Baptism: _____
(To be completed if not already on file)

Grade in School (fall 2009): _____ School Attending (fall 2009): _____

I will be attending: Sunday School Wednesday School Both Sunday & Wednesday School

EMERGENCY CONTACT INFORMATION

Mother's Name: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____

Other Contact: _____ Phone number: _____

ALLERGIES/MEDICAL CONDITIONS: _____

NAMES AND AGES OR GRADE OF PARTICIPANT'S SISTERS AND BROTHERS

NAME	AGE or GRADE
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ONLY Grades 1 – 5 Wednesdays ONLY

I am also coming to the Wednesday After-School Program YES NO

I need a ride to the After-School Program YES* NO

(*If YES, donations will be requested due to the rising costs of fuel)

Home Church: _____

Please print this form to return it to Dianne, Director of Christian Education or
email to office@bethlehemaberdeen.org