



2010-2011 SUNDAY and WEDNESDAY SCHOOL REGISTRATION

Participant's Name: _____

Address: _____

Family Email: _____

Telephone #: _____

Age: _____

Date of Birth: _____

Date of Baptism: _____

(To be completed if not already on file)

Grade in School (fall 2010): _____

School Attending (fall 2010): _____

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

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