Christ Episcopal Church, North Hills Church School Family Registration Form

Program Year – 20____ - 20____

Family Name	Parents Names		
Street Address	City	State	Zip

Home Phone	Work Phone	Cell Phone	e-mail address
Child #1	Birthdate	School & Grade	Lives with
Address (if different)	Allergies	Medical conditions	Other issues
Child # 2	Birthdate	School & Grade	Lives With
Address (if different)	Allergies	Medical Conditions	Other issues
Child #3	Birthdate	School & Grade	Lives with
Address (if different)	Allergies	Medical conditions	Other issues
Child #4	Birthdate	School & Grade	Lives With
Address (if different)	Allergies	Medical Conditions	Other issues
Child #5	Birthdate	School & Grade	Lives with
Address (if different)	Allergies	Medical conditions	Other issues
Child # 6	Birthdate	School & Grade	Lives With
Address (if different)	Allergies	Medical Conditions	Other issues

Emergency Contact	Relationship	Home Phone	Work Phone

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	Program Year – 20 20
People authorized to pick up your child from church school or Child Care	Any family or other issues of which we should be aware
Adults who have completed PA state background check on file at Christ Church	

For Church Use Only

Date of Registration	Registration Entered	Other

I'd like to help with Children/Youth Activities!

Please call me with information about the following opportunities:

- _____ Nursery/Preschool
- _____ Children's Sunday School
- _____ Jr. Youth Group _____ Sr. Youth Group
- _____ Classroom support (prep material as needed by teachers)
- _____ Christmas Pageant _____ Lenten Supper Series
- _____ Special Events

Please note that some opportunities may require Pennsylvania Background Checks.

How can Christ Church help you? (New members)

I would like further information on:

Children's Ministries	Baptism	Add me to your mailing list
Youth Ministries	Confirmation	I'd like to speak to a member of the clergy.
Adult Faith Formation	Volunteer Opportunities	Please send me a pledge card.
Weddings	Music	I wish to join Christ Church
Mission & Outreach	Other	