

St. Michael Church School

Registration and Volunteer Form 2015 - 2016



Parents' Names

Street _____ **Apt. #** _____ **City**

_____ **Zip** _____

Home Phone (____) _____ **Cell Phone** (____) _____

Email Address(es) _____

Child's Name	Birthdate	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Would you be willing to assist in the following ways? (please check your interests)

Awards Lunch Salad Buffet

Substitute Teacher/Assistant

Nativity Play

Church School Office Clean Up

Creative Arts Festivals

Family Event

Camping

Holy Week/Pascha Activities

Scouting Sunday

Outreach to Potential

Families

Guest Speaker

Youth Choir

Please enroll my children in the Church School program. I understand that I have a sacred responsibility to see the Religious Education of my children. I will work in partnership with the clergy and the Church School staff to fulfill my sacred responsibility. I therefore promise to make a conscientious effort to see that my children attend Church School regularly, to reinforce their lessons at home, and to help, as needed, with special projects of the Church School.

Signed **Date**