

CHURCH SCHOOL

Registration Form 2020-2021

*****Fill out a separate Registration Form for each child.**

CHILD'S INFORMATION

Full Legal Name: _____
Last First Middle

Birthdate: ____-____-____ Grade in School: PK TK K 1 2 3 4 5 6 7 8 9 10 11 12

Baptismal Name: _____

Patron Saint *or* Name of Feast Day: _____ Celebration Date: _____

PARENT INFORMATION

Full Name(s): _____

Address: _____
Street
_____, CA _____
City Zip Code

Cell Phone #: (____) _____ (To be used in case of emergency during class time.)

Email address that is checked regularly: _____

SPECIAL INFORMATION

***Special information that will help us better understand and teach your child: (**allergies**)

We suggest a \$25 tax-deductible donation per family to go toward Church School's needs.

**Return this form to your Church School Office via mail or email lcoudsy@aol.com.*

Date: ____-____-____