

Immanuel Presbyterian Church
Church School Registration Form
Fall 2009

Please return this form to the C.E. Office in the Meeting House. If you have any questions about the classroom activities, please call Rev. Daniel Thomas, Jr. at (703)356-3042.

STUDENT NAME _____

STREET _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SEX (M) (F) Circle one.

BAPTISM DATE (if known) _____

GRADE _____ SCHOOL _____

PARENT/ GUARDIAN NAME(S) _____

TELEPHONE _____

(Home)

(Father's Work)

(Mother's Work)

(Emergency)

ANYTHING WE NEED TO KNOW (allergies, etc.) _____

The church has my permission to post photos of my son or daughter on Immanuel's web page or to send photos of my child to local papers for eventual publication.

Signature of Parent/Legal Guardian

Date

I would like to assist in Immanuel's Children's Christian Education Program.

I am willing to serve as...

IIQ Workshop Leader

IIQ Projects (props, murals, etc.)

IIQ Classroom Steward

Morning Hour Helper

IIQ Curriculum Team

Nursery Volunteer

IIQ Setup Crew

Special Events: Suggestions _____