

Sunday Church School Registration

Please return this form to:
Cara O'Connell
Christ Episcopal Church
815 Portola Rd.
Portola Valley, California 94028
(650) 851-0224, cara@ccpvw.org

Child's Name: _____

Date of Birth: ___/___/___

Home Address: _____

Name(s) of Parent(s): _____

Email(s) of Parent(s): _____

Phone Number(s): (H) _____ (C) _____

Emergency Contact information: Please list an additional person responsible for this child in event of an emergency if primary contact(s) are unavailable:

Name: _____

Address: _____

Phone: _____

Please list any additional people that are permitted to pick this child up from the Church:

Which of our programs will your child be attending:

- The First Step (ages 0-5): _____
- Godly Play (ages 6-9): _____
- Say What? (ages 10-14) _____

Do you as a parents have any special goals you would like to see achieved as a part of the program?

Does this child have any special needs or medical conditions that the teachers should be aware of?

Does this child have any allergies?

Comments: