

**RELIGIOUS EDUCATION REGISTRATION
2017-2018**



It is important for the church to have a record of all students enrolled in the religious education department including birthdate and medical information. Please complete this form and return to the church on or before September 17th. Thank you for your cooperation.

Thanks to the generous pledges of our members there is no fee for religious education.

PARENT/GUARDIAN:

Names _____

Full Address (Include **Zip**) _____

Phone (Include **Area Code**) _____

Email _____

Emergency Phone Number _____

STUDENT:	Grade in the Fall	Birthday	Special Needs
Name	(Nursery, Pre-school K, 1 st , 2 nd , etc)		Health Issues, Allergies, etc.

I/We are willing to drive/chaperone for field trips this year: **YES NO**

I/We give permission for the student's picture, voice, interview, and student work to be included in a media release: **YES NO**

I/We are willing to teach for a portion of the church year: **YES**