

St. James' Anglican Church, Kingston, Ontario

CHILDREN'S CHURCH REGISTRATION

Child's Name: _____

Birth Date: _____ **Current School Grade:** _____

Name of School: _____

Parent / Guardian Name #1

Name: _____

Address: _____

Phone Number: _____ Email: _____

Parent / Guardian Name #2

Name: _____

Address: same as above

Phone Number: _____ Email: _____

Does your child have any food or other allergies?

If yes, please specify: _____

Does your child have any learning needs or health challenges that would be helpful for their teacher(s) to know? Anything you mention will be kept in confidence by the members of the Children's Ministry team.

Has your child been baptized? Yes No

If "yes" and they weren't baptized at St. James, where and when were they baptized?

St. James' Anglican Church, Kingston, Ontario

EMERGENCY
CONTACT:
(other than parent/guardian)

Name: _____

Phone Number: _____

Is there anything else you would like to share with the members of St. James' Children's Ministry Team?

PERMISSION

I give permission for my child to participate in Children's Church and other age-appropriate church events/programs.

and (if applicable)

I give permission for the following additional person(s) to pick up my child from Children's Church and/or other church events/programs.

Custodial Parent/Legal
Guardian Signature: _____

Date: _____

Thank You for registering your child!