Channing Memorial Church Cooperative Religious Education
2008-2009 Registration

_____

Family Name

please print clearly

ADDRESS:_____

_____ZIP:_____Telephone: _____

Preferred contact method? (circle one) email phone mail

Child/Youth's name __ age ____date of birth _____ grade-Fall 08

_____

_____

_____

_____

Parent/Guardian:_____Email:_____Cell:_____

Parent/Guardian:_____Email:_____Cell:_____

Parent/Guardian:_____Email:_____Cell:_____

Are there any allergies, special needs or relevant information to share? Use back of page if needed.

I _____parent/guardian of _____ acknowledge that I have responsibility and liability for my child/ children after they have been signed out or released from their Religious Education class each Sunday.

Date _____ Signed _____