

**St. Christopher Episcopal Church
Children's Ministries Registration Form
2009-2010 Program Year**

Parent or Guardian Name(s): _____

Child's Name	Nickname	Date of Birth	Grade in School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ Household Email: _____
Allergies or other important information about your child (food reactions, physical limitations, etc.):

Emergency Contact:
Name _____ Phone _____

I am available to help:
As a substitute teacher _____ As a parent helper in classroom/small group _____
As a teacher in classroom/small group _____ Other: _____

Comments:

Signature of Parent/Guardian: _____ Date: _____

**Questions? Contact Jill Center, Director of Children's Ministries
713-465-6015 or jill@stchrishouston.org**