



Christian Formation Registration for _____

(year)

FAMILY INFORMATION

Child/Children's Last Name: _____

Mother's Name _____ Father's Name _____

Address _____ Address (if different) _____

City _____ Zip _____ City _____ Zip _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Child's (children's) email(s) _____

Release Form

I give permission for my children listed below to participate in Church activities. I also grant permission to adults involved in these programs to secure emergency medical treatment from a qualified doctor in the event I cannot be contacted. I agree to hold the Diocese of Chicago, St. Charles' Episcopal Church and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of aforementioned child arising out of, or connected with, his/her participation in any activity connected with St. Charles' Episcopal Church.

Parent Signature _____ Emergency # _____

CLASSES ARE DESIGNATED AS FOLLOWS:

NUR	Nursery	Birth-Age 2			
PUR	Purple Atrium	PreK (3-5 yr olds)	MID	Middlers	Grade 5 and Grade 6
GRN	Green Atrium	Kindergarten - Grade 1	JR	Jr. High	Grade 7 and Grade 8
BLU	Blue Atrium	Grade 2 - Grade 4	HS	High School	Grade 9 to Grade 12

First Name	Grade	Baptized (Y/N)	D.O.B.	Check which one Applies for each child
				<input type="checkbox"/> NUR <input type="checkbox"/> PUR <input type="checkbox"/> GRN <input type="checkbox"/> BLU <input type="checkbox"/> MID <input type="checkbox"/> JR <input type="checkbox"/> HS
				<input type="checkbox"/> NUR <input type="checkbox"/> PUR <input type="checkbox"/> GRN <input type="checkbox"/> BLU <input type="checkbox"/> MID <input type="checkbox"/> JR <input type="checkbox"/> HS
				<input type="checkbox"/> NUR <input type="checkbox"/> PUR <input type="checkbox"/> GRN <input type="checkbox"/> BLU <input type="checkbox"/> MID <input type="checkbox"/> JR <input type="checkbox"/> HS
				<input type="checkbox"/> NUR <input type="checkbox"/> PUR <input type="checkbox"/> GRN <input type="checkbox"/> BLU <input type="checkbox"/> MID <input type="checkbox"/> JR <input type="checkbox"/> HS
				<input type="checkbox"/> NUR <input type="checkbox"/> PUR <input type="checkbox"/> GRN <input type="checkbox"/> BLU <input type="checkbox"/> MID <input type="checkbox"/> JR <input type="checkbox"/> HS

Medical Information: (Allergies, Medical Conditions, etc.) _____

I will volunteer for:

- | | |
|---|---|
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Substitute teacher |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other |