

**2020-2021
REGISTRATION FORM**

NAME _____ GRADE _____

ADDRESS _____ TELEPHONE _____

BIRTHPLACE _____
(CITY) (STATE) (COUNTY)

DATE OF BIRTH _____

FATHER _____ MOTHER _____

CELL PHONE NUMBER _____ CELL PHONE NUMBER _____

EMPLOYER _____ EMPLOYER _____

BROTHERS AND SISTERS:

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

NAME _____ YEAR BORN _____

CHURCH MEMBERSHIP (PLEASE NAME CONGREGATION)

FATHER _____ MOTHER _____
(CONGREGATION) (CONGREGATION)

IS THE CHILD BAPTIZED? (YES) (NO) YEAR BAPTIZED _____
(PLEASE CIRCLE) MONTH DAY YEAR (IF KNOWN)

PLEASE INDICATE YOUR (#1-4) CHOICE OF HELPING WITH THE
FOLLOWING PARENT/TEACHER LEAGUE ACTIVITIES THIS YEAR.

_____ BOOK FAIR/ICE CREAM SOCIAL (SEPT/OCT)

_____ CHRISTMAS BAZAAR (NOV/DEC)

_____ SPRING FUNDRAISER (FEB/MAR)

_____ SPAGHETTI DINNER (MARCH)

THANK YOU SO MUCH!