

Christ Episcopal Church, Somers Point NJ
Sunday School Registration Form
2021-2022 School Year

Student's Name: _____

Parents/ Guardians: _____

Home Phone: (_____) _____ Preferred name: _____

City: _____ Zip Code _____

Date of Birth: _____ Grade in School: _____

School Name: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Special needs that may limit participation in Sunday School:

Family Email Address (great for communication): _____

Are parents/guardians parishioners at Christ Church? Yes/ No

Church Background: _____

Does this child have any: Food Allergies _____

Regular Medications _____

Health problems that the Sunday School staff should be aware of:

Does Christ Church have permission to take pictures of your child/children for use in church publications? (example: website, newsletter, special events info.) Please circle: Yes or No

Parent/ Guardian Signature _____

Return pdf version to ccspsecretary@gmial.com or Christ Church, Box 97, Somers Point NJ 08244, or drop off during Sunday Service to an usher at church.