

**St. Christopher Episcopal Church
Children's and Youth Ministries Registration Form
2010 - 2011 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