



ST. PAUL'S

EPISCOPAL CHURCH

2747 Fairmount Boulevard
 Cleveland Heights, Ohio 44106
 tel 216 932-5815
 fax 216 932-8257
 www.stpauls-church.org

Church School Registration 2009-2010

Family Information

Last Name(s): _____
 Home phone: _____
 Home address: _____

Parents' Information

Name: _____	Work phone: _____
Email address: _____	Cell phone: _____
Address (if different): _____	
Name: _____	Work phone: _____
Email address: _____	Cell phone: _____
Address (if different): _____	

Would you be willing to:

- | | |
|---|--|
| <input type="checkbox"/> Provide a snack | <input type="checkbox"/> Assist with an InterAge Session |
| <input type="checkbox"/> Make occasional reminder calls | <input type="checkbox"/> Drive for a field trip or special event |
| <input type="checkbox"/> Assist in the classroom | <input type="checkbox"/> Assist with special events |

Is this your first year registering for Church School? _____

Would you like information on how your family can be more involved in

- Worship Apostleship (Outreach) Kinship (Fellowship)

***** Please turn form over and complete one section per child being registered *****

Please return completed form to either your child's teacher or leave in the Parish Office.

Questions? Contact Kate Gillooly, Minister for Christian Formation and Program at
 216-932-5815 ext. 212 or kgillooly@stpauls-church.org

Child(ren)'s Information

Name: _____ Date of Birth: _____
School: _____ Grade: _____
Email (if available): _____ Cell phone (if available): _____
Baptized? _____ If yes, where? _____
Allergies: _____
Anything else we should know? _____

Name: _____ Date of Birth: _____
School: _____ Grade: _____
Email (if available): _____ Cell phone (if available): _____
Baptized? _____ If yes, where? _____
Allergies: _____
Anything else we should know? _____

Name: _____ Date of Birth: _____
School: _____ Grade: _____
Email (if available): _____ Cell phone (if available): _____
Baptized? _____ If yes, where? _____
Allergies: _____
Anything else we should know? _____

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School: _____ Grade: _____
Email (if available): _____ Cell phone (if available): _____
Baptized? _____ If yes, where? _____
Allergies: _____
Anything else we should know? _____

Name: _____ Date of Birth: _____
School: _____ Grade: _____
Email (if available): _____ Cell phone (if available): _____
Baptized? _____ If yes, where? _____
Allergies: _____
Anything else we should know? _____