



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 2011-2012

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:

- Provide a snack
- Make occasional reminder calls
- Assist in the classroom
- Assist with room set up or materials
- Assist with special events
- Drive for a field trip or special event
- Assist with communications
- Other _____

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)
- Stewardship (of Facilities, Finances and the Environment)

***** 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? _____

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? _____