

Wednesday School Registration

Parent/Guardian: _____

Address: _____

Phone: _____ Email _____

Phone: _____ Email _____

Child #1 _____ Grade _____

Child #2 _____ Grade _____

Child #3 _____ Grade _____

Child #4 _____ Grade _____

Allergies/Health Concerns/Special Needs/Other info:

*Please return this form to the church office