

Christ Church Bells Corners
Church School Registration Form 2024–2025

This is a two-sided form. Please print clearly.

Parent(s) Names: _____

Address: _____

Phone (home): _____ Phone (emergency): _____

Email #1 _____ Email #2 _____

I would like to receive newsletters and information by email: ___yes___no

Child #1 Name: _____ Birthdate: _____

School: _____ Grade: _____

Allergies/Health Concerns*: _____

**Information on life-threatening health issues will be shared with our teaching team.*

My child regularly receives communion: ___yes___no

Child #2 Name: _____ Birthdate: _____

School: _____ Grade: _____

Allergies/Health Concerns*: _____

**Information on life-threatening health issues will be shared with our teaching team.*

My child regularly receives communion: ___yes___no

Child #3 Name: _____ Birthdate: _____

School: _____ Grade: _____

Allergies/Health Concerns*: _____

**Information on life-threatening health issues will be shared with our teaching team.*

My child regularly receives communion: ___yes___no

Child #4 Name: _____ Birthdate: _____

School: _____ Grade: _____

Allergies/Health Concerns*: _____

**Information on life-threatening health issues will be shared with our teaching team.*

My child regularly receives communion: ___yes___no

I give permission for use of my child's/children's photograph(s) in parish publications and/or the Diocesan newspaper, *Crosstalk*: yes no; with his/her/their name(s) without name(s); and on the CCBC website/Facebook page (no names): yes no.

I give permission for my child/children to take part in elements of CCBC's worship services that may be livestreamed on the church's YouTube channel or Facebook page and captured in video recordings for later viewing online: yes no.

Parent/Guardian's signature

Date

* * * * *

Information Requests and Volunteer Opportunities

I would like to receive more information about:

____ Young Children and Communion ____ Baptism and Confirmation

____ Junior Choir (grades 2 and up)

____ Youth Groups ____ Seasonal Activity Day Programs

I would be interested in helping with the following:

____ Church School Support Committee

____ Junior Youth Group (grades 3-5)

____ Church School Special Events (including pageants)

All information is valid for one year and for church use only.

For New Members

Welcome to CCBC Church School and our parish family. Your contact information will be shared with the office and you will be placed on our parish list. Please check the appropriate box:

- I would like to:
- have clergy call
 - receive offering envelopes
 - be placed on PAR (Pre-Authorized Remittance) for weekly/monthly offerings
 - receive parish mail electronically

Name: _____

Phone: _____

Email: _____