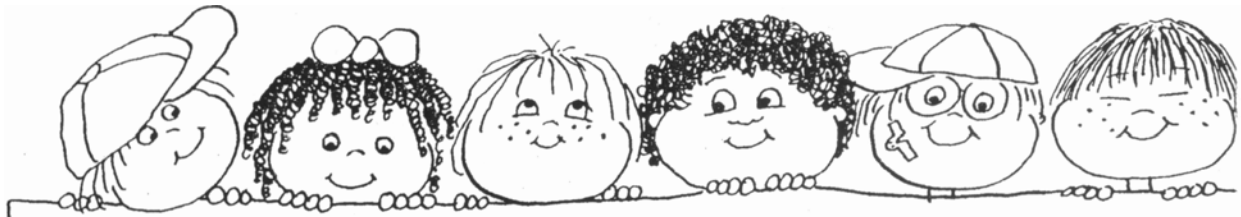


Christian Education Registration form

Student Name: _____
Address: _____
E-mail address: _____
Phone Number: _____
Name of Parents or Adult Contact: _____



1. Age: _____ Grade: _____
 2. School: _____
 3. Birthdate: _____
 4. Interests/Hobbies/Sports: _____
 5. Any Allergies? (incl. Food allergies): _____
- _____



If we need help in the following areas, please give me a call:

- Telephoning
 Mailings
 Food for special occasions
 Teaching for one unit
 I have these gifts or interests I'd like to share (circle your interests): Music Art
Crafts Science Drama Puppetry Writing Video Computers Woodworking
Quilting/Sewing
Other: _____
 Substitute Teaching
 My suggestion: _____

THANK YOU FOR SUPPORTING OUR CHRISTIAN EDUCATION MINISTRY! ☺