

St. Mark's by-the-Lake
Church School Registration 2008-2009

Family Name: _____

Address: _____

Phone Number: _____ Postal Code: _____

E-mail address: _____

Name of parent or adult contact _____

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1. Child's name: _____

Age: _____ Date of birth: _____

Allergies: _____

Special interests/activities/instruments played: _____

Other info: _____

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2. Child's name: _____

Age: _____ Date of birth: _____

Allergies: _____

Special interests/activities/instruments played: _____

Other info: _____

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Parent Participation: I would be willing to help with:

_____ Music _____ Drama _____ Games _____ Art

_____ Baking _____ Nursery _____ Teacher Assistant