

# CROSS ROADS CHURCH SCHOOL REGISTRATION 2011 - 2012

**Please register all your children on this form.**

Family Name \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Are you members of Cross Roads Presbyterian Church? \_\_\_\_\_

If no, where is your church membership? \_\_\_\_\_

<b>Child's Name</b>	<b>Baptized?</b>	<b>Age</b>	<b>Birth Date</b>	<b>Grade (Sept '11)</b>

Does any child have an allergy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than the parents, the name and telephone number of an emergency contact:

\_\_\_\_\_

\_\_\_\_\_  
Signature of one parent