

**WILTON CONGREGATIONAL CHURCH
CHURCH SCHOOL REGISTRATION 2009 - 2010**

Today's date _____

Parents' names _____
(Last) (First)

Address _____

Telephone _____ Email _____

Child's Name _____
(First) (Middle) (Last)

Age _____ Grade _____ Date of birth _____ M / F

Baptized? Y / N Date if known _____

Medical problems or allergies _____

Special things we need to know _____

Dates you can volunteer to assist in classroom (at least 2) _____

Child's Name _____
(First) (Middle) (Last)

Age _____ Grade _____ Date of birth _____ M / F

Baptized? Y / N Date if known _____

Medical problems or allergies _____

Special things we need to know _____

Dates you can volunteer to assist in classroom (at least 2) _____

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Age _____ Grade _____ Date of birth _____ M / F

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(Please list additional children on back of this page.)