

St. Andrew's Church School Registration

Parents and guardians please take a few moments to complete this form. Thank you.

Child's Name _____ Child's Birthday _____

Guardian #1 Name _____

email _____

phone _____

Preferred method of contact ___email ___phone

Guardian #2 Name _____

email _____

phone _____

Preferred method of contact ___email ___phone

Address _____

Are you willing to volunteer? _____ Do you have your clearances? _____

Does your child have any allergies? _____

Anything you would like to share about your child?

Guardian's Signature _____ Date _____