	Church Sch Pre	eschool – 8	ation: 20 h grade	22-2023	
Parent/Gua	• Contact Ch rdian Name(s	urch School Dire	-		
r drem/ God		J·			
Address: _					
Phone numb	ber(s):				
Email addre	ess:				
<u>Children wh</u>	o will be atter	nding Church	<u>n School</u> :		
<u>Child's Nam</u>	<u>ie</u> :	<u>D.O.B.</u>		<u>Age</u> :	<u>Grade</u> :
Has your ch	ild/children b	een baptized	d?		
Does your c	hild/children	receive com	munion?		_
	ny medical is: ncerns you m		-		r special
Parent/Gua	rdian Signatur	'e:			

Today's Date: \_\_\_\_\_