

Christ Church Cathedral
Children and Youth Formation
Registration

Child's name _____

Date of birth _____ Grade in school _____

Special interests, skills, etc _____

Member of Boys' or Girls' Choir? _____

Any special needs? (Allergies, fears, family situations, health matters, etc.)
Please be specific, especially if there are any severe or life threatening matters.
Use the back of this form if necessary; the information you provide will be used
only to help assure your child's well being during our time together

Tell us something you really love or admire about your child: _____

Parent(s) or guardian(s) 1 _____

2 _____

Contact information Home phone _____

Cell or work 1 _____ 2 _____

Home address _____

Email _____