

ST. JOHN'S ANGLICAN CHURCH, ANCASTER

WELCOME TO CHURCH SCHOOL

Child's Name _____

Child's Birthdate: _____

Preferred Gender pronouns _____

Address: _____

City: _____ Postal Code _____

Phone Number: _____

*Email (most correspondence is through email)

Name of Person bringing the child to church:

Relationship: parent, grandparent, friend, other (circle one)

Please list any allergies, medical concerns or special needs:

As parents, grandparents and guardians you have many gifts to offer our program. If you can be a helper or would be willing to teach a few Sundays the children or youth (*program will be organized and ready to go for you if you choose*) please indicate below and what ages you prefer.

I would be willing to help in the following ways.
