

THE CHURCH OF ST. MARTIN

CHURCH SCHOOL ENROLLMENT FORM YEAR 2____

Child's/Youth's Name: _____

Nickname: _____ Any Allergies? _____

Date of Birth: _____ Date of Baptism: _____

School: _____ Grade*: _____

Address: _____

Youth's Email: _____ Phone: _____

Name of Parent(s): _____

Parents' Email: _____

Name and ages of Sibling(s): _____

Additional addresses where your child may be reached/home number/Caregiver's name and relationship to child:

Emergency Contacts: _____

Doctor: _____

Child's/Youth's Special Interests, Sports, Hobbies: _____

* Children will be assigned to the same grade they attend in school.

Parent Signature

Date