



CHRIST & SAINT STEPHEN'S  
EPISCOPAL CHURCH  
CHURCH SCHOOL

*Jesus called for them and said, 'Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of God belongs.' Luke 18:16*

Church School & Childcare Registration Form (please print)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Grade: \_\_\_\_\_

or Expected Date of Entry into First Grade: \_\_\_\_\_

Does your child receive Holy Communion?  Yes  No

Please list any health concerns, allergies, behavioral support needs, disabilities etc. that the parish clergy or the childcare provider needs to be familiar with:

\_\_\_\_\_  
\_\_\_\_\_



**Family Information:**

Parent's Name(s): \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_



Contact Information: (Even if you are on our mailing list, please fill in the following information so we can be sure our records are up to date.) (Please Print)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone(s): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Name: \_\_\_\_\_

Email(s): \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_  
\_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Please return this form to:  
Teresa Conway, Director of Religious Education

120 West 69<sup>th</sup> Street ~ New York, NY 10023

churchschool@csschurch.org ~ [www.csschurch.org](http://www.csschurch.org) ~ 212-787-2755