



CROSSROADS

COMMUNITY CHURCH

Christian Education Program Student Registration

Note: All information will be kept confidential and will only be shared with your child's teacher on a need to know basis.

Student's Name: _____

Address: _____

Birthday: _____

Age & Entering Grade: _____

Parent(s) Name & Phone Number:

Parent(s) Email Address:

Known Allergies:

Known Medical or Learning Issues:

Other Comments:

Thank you for filling out this form! Please submit to the church office.