



THE FALLS CHURCH EPISCOPAL

Program Year Registration Sept 2018 to Aug 2019 Ages 3 years through 5th Grade

Child Section

Child's Name and Nickname: _____

Home Address: _____

Date of Birth: _____ Date of Baptism: _____ **not yet baptized**

School and Grade or Level: _____

Describe your child's personality, hobbies & interests: _____

_____ My child participates in Scouting

Pets (names and types) _____

Describe any food or insect bite allergies or other concerns: _____

Emergency Contact (name and cell): _____

Family Section

#1: Parent or Guardian Name, Cell and Email: _____

#2: Parent or Guardian Name, Cell and Email: _____

Siblings (names and ages): _____

_____ initial
I give permission for The Falls Church Episcopal to publish any images of my child taken during church-related activities at any time of the year for use in The Falls Church Episcopal and/or The Episcopal Diocese of Virginia's e-newsletters, websites and publications. Parent who initials here gives The Falls Church Episcopal and/or The Episcopal Diocese of Virginia permission to use their child's image only. The child's first or last name will not be used without specific permission from the parent.

Parent Signature and Date: _____

For 1st Graders and Older

Check this box if you are interested in having your child join the children's choir or performing an instrumental piece during worship under the direction of our Director of Music, Julie Tucker. Julie will be in touch with you!

