

**Christ Church, Media**  
**Christian Education Registration Form**  
**2005 - 2006**

Date \_\_\_\_\_

Student Name \_\_\_\_\_  
(nickname) \_\_\_\_\_

Parent/Guardian Name:  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_  
email address \_\_\_\_\_

School (attending in Fall 2005) \_\_\_\_\_

Grade (attending in Fall 2005) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Date of Confirmation \_\_\_\_\_ (if applicable)

Please return form to Church School Director, or Church office

Christ Church  
311 S. Orange Street  
Media, PA 19063  
Attn: Christian Education

For office use only	_____ Entered on class list for _____
	_____ Registration Recorded
	_____ Parish Office notified