

**Children's Chapel @ SsAM
REGISTRATION FORM 2019-2020**

PLEASE PRINT OR TYPE

CHILD's Full Name: _____ **Nickname:** _____

Birthdate: _____ **Age:** ____ Male Female **Grade:** _____

Address: _____

(Street)

(City/State)

(Zip)

Primary contact person – please indicate your relationship to the child:

___ Parents/Guardians or ___ Grandparent or ___ Other family member

Your Name _____

Home Phone: () _____ **Cell Phone:** () _____

Work Phone: () _____ **Email:** _____

The following people are authorized to pick up my child from the Children's Chapel @ SsAM:

	Name	Relationship	Phone
1.	_____		
2.	_____		

Check if child has problems with any of the following and give additional comments below:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavior Problem | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Constipation/Diarrhea | | | |
| <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Speech Difficulty |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Allergies (food, medicine, bee sting, etc.) | | |

Parent/Guardian Signature: _____

Date _____



Episcopal Church of Saints Andrew & Matthew

CHILDREN'S CHAPEL @ SsAM

Join us for a new take on a traditional concept

Prayer
Devotion
Singing
Drumming
Dance

Children's Chapel begins immediately after the Gospel

**Please complete this form and turn it in at Children's Chapel
or return it to the Church Office at SsAM
719 N. Shipley Street, Wilmington, DE 19801
dlcasson@ssam.org**