

**Stepping Stones Registration
Church of the Good Shepherd UMC
2009-2010**

Parent's Name: _____
Phone Number: (_____) _____ **E-mail:** _____
Address: _____
City, State & Zip Code: _____

Parent's Name: _____
Phone Number: (_____) _____ **E-mail:** _____
Address: _____
City, State & Zip Code: _____

(if parents are separated) Child lives with:

Child Registration: (Please register for ALL children, infants through high school)

	Child's Full Name	Birthdate	Grade*	School	Baptism date
1					
2					
3					
4					

* **Grade:** Grade entering in September 2009

Help us understand your child's needs. Please list any special needs, allergies, etc.

Permission for website

Photos of my child may be used in CGS publications including the website. Yes No

Please note: ALL children using the CGS facilities must complete a 2009-10 Health/Permission Form (attached); used for Sunday School, fellowship activities, etc.