

**PARK STREET CHURCH
NEW MEMBER CLASS REGISTRATION QUESTIONNAIRE**

Name:

Address:

City:

Zip:

Phone Number:

Email:

1. How long have you been attending Park Street Church?
2. In what ministry or ministries (if any) are you currently involved?
3. Why do you want to make Park Street Church your spiritual home? If you are still debating whether to settle here, please also list any concerns or questions you have about joining the church. The class is a great place to explore these issues.
4. Did you attend church before coming to Park Street Church? If yes, please tell us the name of the church and what brings you here.
5. Are you currently a member at a different church? YES NO If YES, please give us the church's name (if different from above) and address, so that we may arrange a letter of transfer:

Name	Street	City	State	ZIP
------	--------	------	-------	-----

6. Have you been baptized? YES NO
(If NO, please speak with your instructor to schedule a baptism by the end of your class.)

To register for a 7-week class, please circle the **DATE** and **TIME** of your **first** and **second** choices: (Please keep in mind that you must attend 6 of 7 classes to join.)

Jan 10 – Feb 21	Sundays 9:30-10:45 am	Sundays 10-11:15 am	Sundays 5:30-6:45 pm
Mar 14 – May 2	Sundays 9:30-10:45 am	Sundays 10-11:15 am	Sundays 5:30-6:45 pm
Mar 17 – May 5	Thursdays 7-8:15 pm		

Return to: newmemberclass@parkstreet.org OR
Toni Kim, Minister of Membership
Park Street Church
One Park Street
Boston, MA 02108