



NEW MEMBER CLASS REGISTRATION QUESTIONNAIRE

Name:

Address:

City:

Zip:

Phone Number:

Email:

1. How long have you been attending Park Street Church?
2. Which service(s) do you regularly attend? (Check all that apply.) **8:30 AM** **11 AM** **4 PM**
3. Did you attend church before coming to Park Street Church? If yes, please tell us the name of your most recent church and what brings you here.
4. Are you currently a member at a different church? **YES NO** If YES, please give us the church's name and address, so that we may arrange a letter of transfer:

Name

Street

City

State

ZIP

5. When did you become a Christian? _____
Briefly describe how you came to faith in Jesus Christ.

6. Why do you want to make Park Street Church your spiritual home?

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

8. Are you currently in a Park Street Church small group? **YES NO**

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

- **Sundays, 9:30 AM – 10:45 AM** (MAY 12–JUN 23)
- **Sundays, 5:30 PM – 6:45 PM** (MAY 12–JUN 23)

Return to: aabraham@parkstreet.org OR

Acacia Abraham * Park Street Church * One Park Street * Boston, MA 02108