

First Congregational Church- Rindge UCC

SUNDAY SCHOOL PROGRAM 2019-2020

Family Registration Form (Complete one per family. This information may be shared with teachers and other volunteers in education, youth, and children's programs at Rindge UCC.)

Family Information: Parent(s) Names:

Address:

This is my Home Phone: _____ Cell Phone: _____

Work: _____

Parent Email Address: _____

Child Pick Up- Who may pick up your child(ren) from a church event: (Volunteers may ask for identification before releasing child to an adult.)

Name: _____ Relationship: _____

Address:

Name: _____ Relationship: _____

Address:

PHOTOTGRAPHY RELEASE STATEMENTS

I give permission for staff and volunteers to take photographs of my child(ren) during church events, and to use them in the church building for publicity, classroom decorations, and on bulletin boards.

I deny permission.

Signature _____ Date: _____

I give permission for photographs of my child/children to be used for church publicity in publications and online. I understand that children are never identified by name on the church website. Students with Facebook accounts may tag themselves in photos and are responsible for their own privacy settings through Facebook.

I deny permission.

Signature _____ Date _____

Please use pages 2 and 3 for specific information about each child.

Parent's Names _____

Child's Name _____

Nickname if preferred _____

Birthday _____

Age _____ Grade _____

Baptized: yes ___ No ___

Information

Does this child have any allergies to food or medications? Please list. Other special needs or information teachers would find helpful:

Child's Name _____

Nickname if preferred _____

Birthday _____

Age _____ Grade _____

Baptized: yes ___ No ___

Information

Does this child have any allergies to food or medications? Please list. Other special needs or information teachers would find helpful:

Parents' Names _____

Child's Name _____

Nickname if preferred _____

Birthday _____

Age _____ Grade _____

Baptized: yes ___ No ___

Information

Does this child have any allergies to food or medications? Please list. Other special needs or information teachers would find helpful:

Child's Name _____

Nickname if preferred _____

Birthday _____

Age _____ Grade _____

Baptized: yes ___ No ___

Information

Does this child have any allergies to food or medications? Please list. Other special needs or information teachers would find helpful:

