

FIRST PARISH CHURCH

2014-2015 Church School Registration Form

Parent/Guardian Name(s) (Please PRINT) _____

Street _____ City _____ State _____ Zip _____

Phone # _____ Cell Phone # _____ E-Mail _____

<p style="text-align: center;">Student One</p> <p>Full Name _____</p> <p>Child's Nickname _____</p> <p>Date of Birth _____</p> <p>Grade in School this fall _____</p> <p>Allergies or special concerns? _____</p> <p>_____</p>	<p style="text-align: center;">Student Two</p> <p>Full Name _____</p> <p>Child's Nickname _____</p> <p>Date of Birth _____</p> <p>Grade in School this fall _____</p> <p>Allergies or special concerns? _____</p> <p>_____</p>
<p style="text-align: center;">Student Three</p> <p>Full Name _____</p> <p>Child's Nickname _____</p> <p>Date of Birth _____</p> <p>Grade in School this fall _____</p> <p>Allergies or special concerns? _____</p> <p>_____</p>	<p style="text-align: center;">Student Four</p> <p>Full Name _____</p> <p>Child's Nickname _____</p> <p>Date of Birth _____</p> <p>Grade in School this fall _____</p> <p>Allergies or special concerns? _____</p> <p>_____</p>

- May we use your child's photo on a **web page** for the church? Yes _____ No _____
- Pictures of the children will be taken periodically for publicity. We do not use full names. *If you do not want your child's picture taken, please check off "No".* Yes _____ No _____
- Who is authorized to pick up your child(ren)? _____
- Emergency Contact: Name _____ Telephone _____
- I am available to help in the Church School Program yes _____ no _____

Parent/Guardian Signature _____ **Date** _____

By signing this form, I acknowledge that it is my responsibility to pick-up my child(ren) from Church School and that my child(ren) is/are my responsibility from that point on.

Parents are asked to meet their child(ren), from infant to grade 3, in the classroom at 11:15 am for dismissal from Church School.