

# First Congregational Church

## Sunday School Registration

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's/Guardian's name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's special interests and activities: \_\_\_\_\_

Allergies (please list all)? \_\_\_\_\_

### Siblings attending church school?

Names/Ages \_\_\_\_\_

Emergency contact during church school time:

I will probably be in the church building

Other \_\_\_\_\_

If church school is in need of help in the following area give me a call:

Driving

Extra pair of hands on craft days

Donate Supplies

Sorry, I am unable to help at this time

**\*\*For the safety of all children, 5th grade and under will not be released from class without a parent or guardian\*\***

\_\_\_\_\_  
Parent and/or Guardian's Signature

\_\_\_\_\_  
Date

Is there any other information that would assist us in working with your child(ren)?

(Please use reverse side of this page).