

**CENTRAL CONGREGATIONAL CHURCH**  
*United Church of Christ*

**Sunday School Registration Form**  
**2023-2024 School Year**

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptized? \_\_\_Yes \_\_\_No Other? \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

**MOTHER'S NAME** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**-OR-**

**LEGAL GUARDIAN'S NAME** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**ALLERGIES/HEALTH CONDITIONS**

Please list any allergies or life-threatening health conditions, please be specific.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require any medications or Epi-Pens?     NO     YES

List medications:

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**\*\* Please note:** If your child has been prescribed an EpiPen, one must be with the child while attending Sunday School. This is to ensure that if a child with a life-threatening allergy were to have an allergic reaction, the Sunday school staff can take immediate action in providing care to your child. Thanks for your understanding and cooperation with this request.

DOES YOUR CHILD RECEIVE ANY EXTRA SERVICES AT SCHOOL?     NO     YES

If YES, please indicate what services:

504     IEP     1 on 1 Aid     OT     Other: \_\_\_\_\_

Are you willing to share that info?     NO     YES

**ADDITIONAL INFORMATION**

Please list information you feel would be helpful for your child to succeed in our Sunday School. All information is kept STRICTLY confidential.

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What strategies can we use if your child is in a tough spot?

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I understand the Sunday School staff cannot provide 1 on 1 support to my child and is not licensed to provide toileting.

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

\_\_\_\_\_  
Date

**DISMISSAL INSTRUCTIONS (Please check one)**

\_\_\_\_\_ My child may leave the classroom at the end of Sunday School on his/her own to meet an adult or an older sibling in another part of the building.

\_\_\_\_\_ My child may **ONLY** be dismissed to the following adults or siblings:

**NAME**

**RELATIONSHIP TO CHILD**

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*I understand written permission will be needed to change the dismissal instructions in any way.*

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

\_\_\_\_\_  
Date

**HEALTH ADVISORY**

Please be guided by local school district instructions regarding a child that is exhibiting symptoms of being ill. Please keep the child home. Should the child be diagnosed with a contagious illness please notify the church office.

**CONSENT FOR USE OF PHOTOS/VIDEOS/APPEARANCE IN LIVE STREAM**

Your child may be photographed or filmed while participating in special services/events at Central Congregational Church. Your child may also appear in the church's live stream service if/when they participate in a Family Sunday service or special event at the Central Congregational Church.

By signing, I consent for my child's photo and/or videotaped image to appear on the church's website and Facebook page. I also consent for my child to participate in Family Sundays where the service is being live streamed.

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

\_\_\_\_\_  
Date