

# The Congregational Church in Killingworth, UCC

## 2024-2025 Sunday School Registration

Family Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Name and Phone #): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Year \_\_\_\_\_

Please list any allergies, food intolerance,  
etc:

Anything else we should know to help us  
minister more effectively to your child?

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Year \_\_\_\_\_

Please list any allergies, food intolerance,  
etc:

Anything else we should know to help us  
minister more effectively to your child?

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Year \_\_\_\_\_

Please list any allergies, food intolerance,  
etc:

Anything else we should know to help us  
minister more effectively to your child?

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Baptized? Y \_\_\_ N \_\_\_ Year \_\_\_\_\_

Please list any allergies, food intolerance,  
etc:

Anything else we should know to help us  
minister more effectively to your child?

## Waiver

\_\_\_\_\_ I/We give permission for the Congregational Church in Killingworth to share with my/our child(ren)'s Sunday school teacher(s) and the church staff any medical or other information that would help them minister more effectively to my/our child(ren).

## Publicity Release Statement

From time to time, the Congregational Church in Killingworth or representatives of the local media may want to write about, photograph, videotape or audiotape various activities and people at the Church. This is most often done to highlight activities and to provide general information about programs or issues related to the Congregational Church in Killingworth.

\_\_\_\_\_ I/We give permission for the Congregational Church in Killingworth to use my/our child(ren)'s name(s) and photos in promotional materials (publications, website or on the local news) and publicity regarding various activities of the Congregational Church in Killingworth. I hereby waive the right to inspect or approve finished photographs, or the use to which it may be put or the copy of illustrations used in connection therewith.

By checking the box above, I/we indicate my/our consent with the above Publicity Release statement (Leave the box unchecked if you do not consent).

**Note: If you give permission for photos including your children to be used, but not their names, please initial here:** \_\_\_\_\_

## Pick-up Policy

For children in Pre-K through Grade 2, check one below. (Older children will be dismissed to the Parish Hall when Sunday School is over.)

\_\_\_\_\_ I will come down to my child's classroom to pick him/her up at 11:15.

\_\_\_\_\_ Please release my child to his/her older sibling \_\_\_\_\_ (name)

\_\_\_\_\_ My child is allowed to leave the classroom alone after Sunday School.

## Please check any areas in which you can help out:

\_\_\_\_\_ Helping out at special events (holiday events, special crafts, etc.)

\_\_\_\_\_ Sharing music with a class (teaching a song, playing an instrument, etc.)

\_\_\_\_\_ Baking or providing food for special events

\_\_\_\_\_ Helping in the classroom

\_\_\_\_\_ Teaching a class

\_\_\_\_\_ Working in the nursery

*Checking something here does not commit you to anything! We may call or email you and ask about your availability if we could use your help in an area that you have checked.*