

The Congregational Church in Killingworth, UCC

2025-2026 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?

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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.