

**WESTCHESTER CONGREGATIONAL CHURCH**

**SUNDAY SCHOOL REGISTRATION FORM**

**2019 – 2020**

Parent/Guardian #1 \_\_\_\_\_

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

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

Email \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

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

Email \_\_\_\_\_

**STUDENT INFO**

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

Grade: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Special Information (Food Allergies/Medical Conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

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

Grade: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Special Information (Food Allergies/Medical Conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

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

Grade: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Special Information (Food Allergies/Medical Conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

**Emergency contact during Sunday School and Church service:**

- I will be in the church / building.
- Emergency contact name: \_\_\_\_\_ and  
phone number: \_\_\_\_\_

**Ways to help:**

- Yes, I would love to be a TEACHER! (For a day or a few, it's up to you!)
- Yes, I would love to be an ASSISTANT!
- Yes, I would love to help with a snack or juice!
- Yes, I would love to help with a Sunday School special event!

*With your help we can provide the best Sunday School environment possible for our children.*

**Photographs and Video Recordings:**

From time-to-time photographs and video recordings may be taken. This is a way of recording and displaying social events and the life of our Sunday School. Uses might include a display board, church newsletter, church website, etc. No names will be used on the church website.

I hereby consent to having my child photographed or videotaped by the Westchester Congregational Church for the reporting of programs taking place at this church with full knowledge that the end product may appear in print publication, in a video, or on the Internet. I release the Westchester Congregational Church, its employees and volunteers from any responsibility or liability arising from the use of these media.

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SIGNATURE

DATE

**Authorization for Emergency Medical Treatment:** If my child should become ill or injured during any activity, I understand that Westchester Congregational Church (WCC) will immediately contact me. Should I be unreachable, WCC is authorized to arrange immediate medical treatment necessary to ensure the health of my child.

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SIGNATURE

DATE

**Permission to Participate and Release of Liability:** I give my child(ren) permission to participate in the Sunday School program at Westchester Congregational Church. I understand that even when every reasonable precaution is taken, accidents may happen. Therefore, in exchange for allowing my child to participate, I understand and expressly acknowledge that I release WCC, its staff members, and all volunteers from all liability for any injury, loss, or damage connected in any way whatsoever while participating in this activity. I understand that this release includes any claims based on negligence, action or inaction of the Westchester Congregational Church and its staff and volunteers.

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SIGNATURE

DATE