

CENTRAL CONGREGATIONAL CHURCH
United Church of Christ

Sunday School Registration Form
2019-2020 School Year

STUDENT'S NAME _____ GRADE _____

DATE OF BIRTH ____/____/____ Baptized? ___Yes ___No Other? _____

ADDRESS _____ TOWN _____

STATE _____ ZIP _____ HOME PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

E-MAIL ADDRESS: _____

FATHER'S NAME _____ CELL PHONE _____

E-MAIL ADDRESS: _____

-OR-

LEGAL GUARDIAN NAME _____ CELL PHONE _____

E-MAIL ADDRESS: _____

ADDITIONAL INFORMATION

1. Please list information you feel your child's Teacher should know such as Medications taken during Sunday School, a learning disability, or...? Feel free to use the back side for more explanation. All information is kept STRICTLY confidential.

2. Please list any Health Conditions or Allergies (*please be specific*)

**** Please note:** If your child has been prescribed an Epipen, one must be in the Sunday School permanently for the 2019-2020 Sunday School year. 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.

MORE ON BACK...

PLEASE CHECK ONE:

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

-OR-

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

NAME

RELATIONSHIP TO CHILD

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

Signature _____ date _____

Printed Name _____