



# Church School Registration 2015-2016

Parent(s)/Guardian(s): \_\_\_\_\_  
(Name) (Relationship) to Youth

Address: \_\_\_\_\_  
(Street) (City) (Zip)

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

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) to Youth

Emergency Contact Cell Phone: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

(MM/DD/YY)

Child's Cell: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_

Special Interests & Activities:

Allergies:

Special Needs:

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

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

(MM/DD/YY)

Child's Cell: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_

Special Interests & Activities:

Allergies:

Special Needs:

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

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

(MM/DD/YY)

Child's Cell: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_

Special Interests & Activities:

Allergies:

Special Needs:

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

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

(MM/DD/YY)

Child's Cell: \_\_\_\_\_

Child's E-mail: \_\_\_\_\_

Special Interests & Activities:

Allergies:

Special Needs:

### **Photo Release and Church Covenant**

I hereby grant permission to the First Church of Christ in Hartford (Center Church) to use any photographs of my child(ren) taken during church sponsored activities for use on bulletin boards, website, local newspapers, presentations etc. to share the good news of the mission and ministry of Center Church. I further understand that many hands are need. I covenant to use my gifts in some way this program year to support the Faith Formation Ministry of Center Church. As a partner in this ministry, I pledge to uphold and support my child(ren)'s involvement in all aspects of participation including supporting the church school teachers in their efforts to teach this year.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)