

Congregational Church in South Glastonbury

949 Main ST PO Box 187
South Glastonbury, CT 06073

Wednesday School Registration 2016-17

Student's Name: _____

Nickname or preferred name: _____

School Attending: _____ Grade: _____

Student Residence Address: _____

Student email address: _____

Parent's First and Last Name(s): _____

Parent Email(s): _____

Home Phone _____ Cell Phone(s) _____

Dietary Considerations: _____

Emergency contact name _____ no. _____

****Please fill out the reverse side of this form completely- A New form is
needed each year! Return to Church office or bring to Wednesday
School on September 21, 2016**

The Congregational Church in South Glastonbury-Student Release Section

I (We) _____ (print names)

give permission to my son/daughter _____

to participate in South Church youth activities affiliated with the Wednesday School program.

I also release from any liability the Congregational Church in South Glastonbury, the ministerial staff and all adult advisors in the event of unforeseen/unpreventable accidents or mishaps during regular onsite activities. Further, I understand that my son/daughter will need to have a signed permission form for all off site / special activities as they occur.

Signature of Custodial Parent (s)-

_____ date _____

_____ date _____

In addition—I hereby give permission to the Congregational Church in South Glastonbury to use any photographs taken of my student during church sponsored activities to share the good news of the mission and ministry of the church by means of bulletin boards, posters, newspaper release, web-site, power point presentations and other appropriate media.

Please initial: _____ yes _____ no

In case of an emergency and while my student is in the care of South Church Advisors / Teachers, he/ she may use this information if I cannot be reached and my emergency contact cannot be reached.

Insurance Co. and Policy

No.: _____

Date Most Recent Tetanus Shot _____

Medications my son / daughter is taking

Phone #- Daytime _____ Evening _____ Cell _____

Emergency Contact: name _____ Phone _____

Other medical conditions/allergies / important information or special needs to share
