

**The Congregational Church in South Glastonbury**  
**Church School Registration Form 2016-2017**  
(Preschool – 6<sup>th</sup> grade)

Family Name: \_\_\_\_\_ Member \_\_\_\_\_ Friend \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

**E-Mail(s):** \_\_\_\_\_

Name of Parent(s) or Adult Contact: \_\_\_\_\_

Name of Emergency Contact and Phone Number: \_\_\_\_\_

(First and Last names of parents if different) \_\_\_\_\_

**1. Child's Name** \_\_\_\_\_ **2. Child's Name** \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_      Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_      Birth Date: \_\_\_\_\_

Child's special interests and activities:      Child's special interests and activities:

(Any food / environmental allergies?)      (Any food / environmental allergies?)

**3. Child's Name** \_\_\_\_\_ **4. Child's**

**Name** \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_      Birth Date: \_\_\_\_\_

Child's special interests and activities:      Child's special interests and activities:

(Any food / environmental allergies?)      (Any food / environmental allergies?)

**Please see the reverse side of this document—your signature required!**

## **Special Needs-**

*In order to provide the best church school experience we can for your child, please use the space below to make us aware of **any special needs** your child may have. You may speak to Tracy Bausum, Director of Discipleship Education, to discuss any concerns you may have. All information is held in confidence and shared **only** on a need to know basis.*

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## **Photo release:**

*Occasionally we take photos of our students in classrooms or during special programs to use on bulletin boards, web-site, local newspapers, power point presentations, etc. to share the good news of the mission and ministry of South Church. If you are comfortable with use of your child(ren)'s photograph for church purposes and use only, please sign this form on the appropriate line below.*

*I hereby grant permission to The Congregational Church in South Glastonbury to use any photographs of my child(ren) taken during church sponsored activities for church purposes only as described above. I understand that I will be contacted for special permission should any photo be considered for use other than described above.*

\_\_\_\_\_ **Signature Parent / Guardian** \_\_\_\_\_ **Date**

## **Covenant:**

*I further understand that many volunteer hands are needed. I covenant to use my gifts in some way this program year to support the Children's Ministry and Youth Ministry programs of South Church. As a partner in this ministry, I pledge to uphold and support my child(ren)'s involvement in all aspects of these programs including familiarity with the Church School Discipline Policy as posted in each classroom.*

*I would like to partner by:*

\_\_\_\_\_ *Teaching*

\_\_\_\_\_ *Sharing my talents, hobby, etc.*

\_\_\_\_\_ *Assisting in a classroom*

\_\_\_\_\_ *Helping hands for a special project*

\_\_\_\_\_ *Other* \_\_\_\_\_

\_\_\_\_\_ **Signature Parent / Guardian** \_\_\_\_\_ **Date**