

**CHURCH SCHOOL AND NURSERY
REGISTRATION FORM**



**September 2022- September 2023
Church School Year**

Child's full name: _____ Gender: _____

Date of Birth: _____ Age: _____ School Grade/ Graduating Class: _____

Child's Allergies (please list all): _____

Child's Special Interests/Activities: _____

Siblings attending church school? Please circle: Yes / No Names : _____

What else should we know that would assist us in working with your child: _____

Parent or Guardian Contact Information

Names and at least one working telephone number is required.

Parent / Guardian's full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____ Work Phone: _____

Home phone: _____ Email: _____

Parent / Guardian's full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____ Work Phone: _____

Home phone: _____ Email: _____

Emergency Contact Information

In case of emergency, contact:

Name: _____ Mobile phone: _____

Relationship to child: _____ Home phone: _____

Name: _____ Mobile phone: _____

Relationship to child: _____ Home phone: _____

Name of Health Insurance Company: _____

Are you willing to help with our Sunday School? Please circle: Yes / No If so, may we contact you? Yes / No

Authorized Pick-Up

Who is **NOT** permitted pick-up this child? _____

*** Note:** We **CANNOT** forbid any parental access to their child without presentation of a Court Order.

Other than parents/guardians, the following individuals are authorized to pick-up my child:

*** Note:** We **CANNOT** allow siblings under 18 years of age to sign children in or out.

Name: _____ Mobile phone: _____

Relationship to child: _____ Home phone: _____

Address: _____

Name: _____ Mobile phone: _____

Relationship to child: _____ Home phone: _____

Address: _____

*** Note:** We reserve the right to refuse access to anyone whose name is not listed above.

My child has parental consent to get her/himself to and from Sunday School: Please circle: Yes / No

*** Note:** Parental consent for youth ages 16 years and older ONLY. All other children must be accompanied by an adult.

Photo Release

Occasionally we take photos of children in classrooms or during special programs to use on bulletin boards, the website, newspapers, presentations, etc. to show the mission and ministry of First Congregational Church of Akron. Please check the appropriate box for your option below:

I hereby grant permission to First Congregational Church of Akron to use any photographs of my child taken during church sponsored activities for church purposes only as described above.

I do not grant permission to First Congregational Church of Akron to use any photographs of my child.

By signing below, I authorize medical treatment for my child in case of accident or illness, if parent/guardian cannot be located or an emergency situation should arise:

Parent's signature: _____ Date: _____

Please print your name: _____