

# FIRST PARISH CHURCH

## Church School Registration

Parent's/Guardian's' Name (Please PRINT) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

<b>Child One</b>	<b>Child Two</b>
Full Name _____	Full Name _____
Child's Nickname _____	Child's Nickname _____
Date of Birth _____	Date of Birth _____
Grade in School this fall _____	Grade in School this fall _____
Allergies or special concerns? _____	Allergies or special concerns? _____

<b>Child Three</b>	<b>Child Four</b>
Full Name _____	Full Name _____
Child's Nickname _____	Child's Nickname _____
Date of Birth _____	Date of Birth _____
Grade in School this fall _____	Grade in School this fall _____
Allergies or special concerns? _____	Allergies or special concerns? _____

- May we use your child's photo on a web page for the church? Yes \_\_\_\_\_ No \_\_\_\_\_
- Who is authorized to pick up your child(ren)? \_\_\_\_\_
- Person to contact in case of Emergency:  
Name \_\_\_\_\_ Telephone \_\_\_\_\_
- I am available to help in the Church School Program yes \_\_\_\_\_ no \_\_\_\_\_

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

By signing this form, I acknowledge that it is my responsibility to pick-up my child(ren) from Church School and that my child(ren) is/are my responsibility from that point on.

***Parents are asked to meet their child(ren), 4 yrs old thru Grade 5,  
in the classroom at 11:15 am for dismissal from Church School.***