



First Congregational Church,
United Church of Christ
Sunday School Registration
(PreK-5th grade)
2017-18

Family Name: _____

Child's Name: _____ Child's Name: _____

Age: _____ DOB: _____ Grade: _____ Age: _____ DOB: _____ Grade: _____

Child's Name: _____ Child's Name: _____

Age: _____ DOB: _____ Grade: _____ Age: _____ DOB: _____ Grade: _____

Parent(s) Name: _____

Home address: _____

Phone: _____ Alternate phone: _____

Family e-mail: _____ Child's e-mail: _____

Emergency contact during church school hour:

- I will probably be in the church building
- Other _____

Allergies: (please note which child)

Child's special interests and activities:

Is there any other information that would assist us in working with your children? ***(Please use the other side of this page.)***