

First Church
Church School Registration Form 2011-2012

Parent Names: _____

Address: _____

Town: _____ **Zip:** _____

Home Phone: _____ (or best number(s) to reach you)

Email address: _____

Child's Name: _____ **Birth Date:** _____

Grade (Fall): _____ **School:** _____

Allergies/Special Needs/Interests:

Any other information you would like us to have:

I give my permission for my child's pictures from church school or youth group activities to be printed in the church newsletter and/or posted on the church website.

Please check Yes or No.

Yes _____ No _____

Please review information for accuracy:

Signature _____

Printed Name: _____