Congregational Church of Laconia, United Church of Christ
CHURCH SCHOOL FAMILY REGISTRATION
2010-2011

PARENT/GUARDIAN NAMES _____
LAST FIRST

ADDRESS _____

PHONE (H) _____ (Dad's Cell) _____ (Mom's Cell) _____

E-MAIL _____

CHILD #1 _____ / / _____
NAME DOB SCHOOL GRADE ALLERGYS/SPECIAL NEEDS

CHILD #2 _____ / / _____
NAME DOB SCHOOL GRADE ALLERGYS/SPECIAL NEEDS

CHILD #3 _____ / / _____
NAME DOB SCHOOL GRADE ALLERGYS/SPECIAL NEEDS

CHILD #4 _____ / / _____
NAME DOB SCHOOL GRADE ALLERGYS/SPECIAL NEEDS

CONTACT IF PARENT NOT IN CHURCH: _____
Name Phone #

To ensure its success, I will help the Sunday School Program by:

☐ substitute teaching ☐ conducting safety checks ☐ planning activities ☐ chaperoning events

Date: _____ Signature: _____

☐ By checking this box I grant permission for the use of any photographs taken of my child/children to be used in Congregational Church of Laconia, UCC promotional materials i.e. Tower Tidings and/or our website www.laconiaucc.org