

THE ORIGINAL CONGREGATIONAL CHURCH

Church School Registration Form – 2017-2018

PARENTS: For your child's safety, forms must be filled out by parent and updated every year.

PLEASE PRINT

CHILD'S NAME _____

(M/F) _____ Age _____ Birth Date ____ / ____ / ____ Phone # _____

Address _____

City _____ Zip _____

Family E-Mail: _____ Teen E-Mail: _____

Nursery (infants and toddlers) _____

Preschool _____

Grade in school as of September 2017 _____

INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL TO TEACHERS:

Allergies, handicaps, special needs, medication etc. _____

MOTHER'S NAME: _____

Address/phone if not same as child _____

FATHER'S NAME: _____

Address/phone if not same as child _____

EMERGENCY(phone and relationship to child): _____

BROTHERS AND SISTERS:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Areas of Support: _____ Rotation Workshops: _____

Nursery: _____ Substitute for grade(s): _____

Classroom parent for grade: _____

_____ My child's picture may be used on our OCC website (please sign) _____

_____ My child's picture may not be used on our OCC website

_____ My child may be video recorded for broadcast on Wrentham Cable 8 (please sign) _____

_____ My child may not be video recorded for broadcast on Wrentham Cable 8

(Recording mostly for special events, announcements will be made prior to recording)
