

Church School Registration Form 2019-2020

First Parish of Westwood, United Church

Date: _____

FAMILY INFORMATION

Name of Parent(s)/Guardian(s):

Occupation:

Occupation:

Address:

Address (if different):

Phone:

Phone (if different):

Emergency Contact during church school hour:

If the Church School is in need of help in the following area(s), give me a call:

- ☐ Teacher/ Workshop Leader
- ☐ Shepherd / Classroom Helper
- ☐ Childcare for infants/toddlers
- ☐ Work with youth group

- ☐ Substitute Teacher or Helper
- ☐ Food for special occasions
- ☐ I have another gift I'd like to share:

- ☐ Music Resource

Family email address: or addresses:

CHILD 1 INFORMATION

» » » List additional children on the reverse

Child's Name:

Birth date:

Age:

Baptism: ____ at First Parish ____ elsewhere ____ not yet

Academic Grade:

Allergies:

Suggestions for nurturing my child: Learning style:

Special interests:

My child is interested in serving:

- ☐ Worship
- ☐ Choir
- ☐ Other _____

Other information that would assist us in working with this child:

CHILD 2 INFORMATION

Child's Name:

Birth date:

Age:

Baptism: ___ at First Parish ___ elsewhere ___ not yet

Academic Grade:

Allergies:

Suggestions for nurturing my child: Learning style:

Special interests:

My child is interested in serving:

- ☐ Worship
- ☐ Choir
- ☐ Other _____

Other information that would assist us in working with this child:

CHILD 3 INFORMATION

Child's Name:

Birth date:

Age:

Baptism: ___ at First Parish ___ elsewhere ___ not yet

Academic Grade:

Allergies:

Suggestions for nurturing my child: Learning style:

Special interests:

My child is interested in serving:

- ☐ Worship
- ☐ Choir
- ☐ Other _____

Other information that would assist us in working with this child:

Photo Release Form

Your child(ren) may be photographed or videotaped at various Church sponsored events. Please complete the section below regarding permission for photos and video.

Please sign and return this form.

_____ YES, I give permission for my child(ren)'s photograph and/or video to be used within the Church.

_____ YES, I give permission for my child(ren)'s photograph and/or video to be used on the Internet (Church website, etc.).

_____ NO, My child(ren)'s photograph and/or video may not be used within the Church.

_____ NO, My child(ren)'s photograph and/or video may not be used on the Internet (Church website, etc.).

Please note, childrens' names will not be listed with photos/videos.

Name of Student(s)

Parent's Signature

Date