

2010-2011 Children / Youth Registration Form

The First Congregational Church
Canton Center, Connecticut

(Please list all children, Infants – Grade 12)

1. Name _____ M _____ F _____ Birth date ____/____/____
Age _____ Grade _____ Baptized: Yes _____ No _____

2. Name _____ M _____ F _____ Birth date ____/____/____
Age _____ Grade _____ Baptized: Yes _____ No _____

3. Name _____ M _____ F _____ Birth date ____/____/____
Age _____ Grade _____ Baptized: Yes _____ No _____

4. Name _____ M _____ F _____ Birth date ____/____/____
Age _____ Grade _____ Baptized: Yes _____ No _____

Address _____

E-mail _____

Mother's Name _____

Address _____

Home phone _____ Business phone _____ e-mail _____

Father's Name _____

Address _____

Home phone _____ Business phone _____ e-mail _____

In case of emergency, please contact:

Name _____ Phone _____

Allergies, including food, or other conditions that may affect your child(ren)'s participation:

Name of **physician** _____ Phone _____

In case I cannot be reached in an emergency, I hereby give my permission to my physician, the Pastor, the Director of Christian Education and Youth, or the designated Youth Leader of The First Congregational Church, Canton Center, to secure medical treatment for my child/children.

I give my child/children permission to participate in church school or youth meetings at The First Congregational Church, Canton Center, Connecticut.

Please check if you give permission for your child to have his/her picture taken for part of the program and possible display on bulletin boards, church publicity and the church website without his/her name.

Parent/Guardian Signature _____ Date _____