

2011-2012 CHURCH SCHOOL REGISTRATION

First Parish Church Unitarian-Universalist Billerica Massachusetts

Name (Last, First) of child _____ Birth Date _____ Age _____

Parent/Guardian Names (Last, First) 1. _____
2. _____

Mailing Address: _____

Home Phone: _____ Cell. _____

PREFERRED e-mail address(es) 1. _____

2. _____

We do not use e-mail

*PLEASE NOTE: We are going to be more intentional about communicating with parents by e-mail. Please give us an address that you use frequently and will accept Word attachments so that we can send permission slips, letters, or fliers by email.

Is there anything we should know about your child? List any special conditions, circumstances, or needs such as: vision or hearing problems, ADHD, learning disabilities, allergies, or medical problems _____

Is your family experiencing a recent change such as: recent move, a divorce, or death?

Please explain: _____

In registering my child/children in this church school, I recognize and accept the responsibility of working cooperatively with the church school by:

- Ensuring regular and on-time attendance
- Keeping informed about the programs and activities
- NOT bringing a sick child to church school class
- Helping out in the church school when asked

I hereby give FPC staff or volunteers permission to obtain medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

I give permission for my child to take walks within the church vicinity with their teachers.

I understand that a special permission form will be provided to me for all other field trips.

I understand there may be times when photographs of my child may be displayed on the walls, in brochures or other internal communications at FPC or on the FPC website (without child's name.)

I grant FPC permission to include photos of my child on the FPC website, newsletter, and promotional materials. Yes No

Signature of Parent/Guardian _____

Date _____