

ELLINGTON CONGREGATIONAL CHURCH
SUNDAY SCHOOL / CONFIRMATION PROGRAM REGISTRATION

Family Name: _____

Program Year: _____

Parent/Guardian Information

NAME(S) _____

RELATION to Child(ren) _____

MAILING ADDRESS _____

HOME PHONE _____

CELL PHONE _____

EMAIL _____

Child(ren) to be Registered [Preschool (age 3) – Grade 9]

| NAME | M/F | Grade | D. O. B. | Allergies/Medical Concerns |
|------|-----|-------|----------|----------------------------|
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Yes No **I give permission for my child's photo to be placed in church material.**

By checking YES on this registration form, you authorize pictures for the children listed above to be included in church publications, including the church website. Ellington Congregational Church's media policy also provides an "opt-out" option for parents/guardians who do not want their children's pictures to be published, either in print or on-line. If you do not want your children's photos published, please check NO. The Ellington Congregational Church Media Policy is attached for your reference.

Parent/Guardian Signature: _____

Date: _____

On the back of this form, please indicate any learning disabilities or other circumstances that teachers should know about your child(ren). What suggestions or recommendations would you make to help us teach your child(ren)?

Would you be interested in helping with the Sunday School Program?

- Teacher
 Teacher Assistant
 Teacher for One Room School House (materials provided)
Crafts
 Music
 Special Talent (e.g. Puppetry, Photography)
 Baking for Special Occasions

PLEASE RETURN THIS FORM TO: **Ellington Congregational Church**
Attn: Lisa Crocker, ACE
P. O. BOX 216 Ellington, CT 06029

Questions: please call Lisa at (860) 871-6606 or email Lisa at christianed-eccucc@sbcglobal.net