

ELLINGTON CONGREGATIONAL CHURCH

SUNDAY SCHOOL / CONFIRMATION PROGRAM REGISTRATION (Sept. 2015 – May 2016)

Family Name: _____

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

Yes No **I give permission for my child's photo to be placed in church material.**

Ellington Congregational Church's media policy requires parents/guardians to sign a RELEASE in order for their children's pictures to be included in church publications, including the church website. It 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. Please complete the attached forms to either RELEASE or OPT-OUT. The Ellington Congregational Church Media Policy is also attached for your reference.

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