

# 2018 - 2019 Christian Education Registration Form

First Parish Church, 218 Central Avenue, Dover, NH 03820

Child's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Age: \_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Parents/Guardians:

Name: _____	Name: _____
Address: _____ (leave blank if same as child)	Address: _____ (leave blank if same as child)
City: _____ State: __ Zip: _____	City: _____ State: __ Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____

## Emergency Contacts: (if other than parents/Guardians)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Primary Care Physician Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Please indicate any medical conditions or special needs that the people who are working with your child need to be aware of: (allergies, asthma, diabetes, hearing loss, following directions, mobility, etc.)**

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## Other individuals who may pick up my child after a church activity

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Image Release/Birth Date Publication Consent

Pictures may be taken during church events. We request permission for your child's photo/image and to be published in church posters, newsletters, website and other advertisements. Birthday notices may be published in church newsletters. Individuals will be identified with first name and last initial only.

Check here if you grant permission for photo/image use as described above

Check here if you grant permission for birth date publication use as described above

**I understand that the information provided on this form will enable First Parish Church to provide a safe environment for my child. In case of accident/serious illness, I request the church to contact me. If First Parish Church is unable to reach me, I hereby authorize the church to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the Church may make any arrangements necessary for the care of my child.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **BECOME A VOLUNTEER!**

**Much of the programming offered for Children, Youth and Families is made possible by volunteers. Many of these volunteers are busy working parents who still make the time to support this important ministry. Please let us know how you can help out.**

**Name:**

**Phone:**

**E-Mail:**

**Please indicate which areas are of interest to you:**

Activity Assistant	Nursery Care Assistant
Acolyte Coordinator	Photographer
Administration Support	Small Group Assistant
Arts & Crafts Prep Crew	Small Group Leader
Arts & Crafts Leader	Snack Provider
CE Board Member	Sunday School Assistant
Chair Stacking Team	Sunday School Teacher
Chaperone	Toddler Care
Chimes Folders	Toddler Care Assistant
Youth Group Activities	Volunteer coordinator
Youth Group Dinners	Youth Worship Leader
Youth Worship Planner	Youth Worship Musician

**Other ways you might want to participate in Christian Education?**