

THE EVANGELICAL CONGREGATIONAL CHURCH OF WESTBOROUGH

Church School and Youth Group Registration and Permission

September 2011 - August 2012

Parents and legal guardians are asked to complete the information below for their minor children to assist us in delivering safe, quality programming for our children.

General Information (Please print):

Date_____

Child's Name_____

Grade in School_____

Child's Address_____

Date of Birth_____

Home Phone Number_____

Mother / Guardian Name_____

Cell Phone_____

Address / Home phone (if different than child)_____

Father / Guardian Name_____

Cell Phone_____

Address / Home Phone (if different than child)_____

Parent email addresses_____

What is the best way to send church school / youth group news to you and your child?
(Circle all that apply)

Parent email_____ Child email_____ text_____

I would be interested in volunteering in the following capacity (circle all that apply):

teaching / assisting in a 1 month church school unit

leading youth group activity

Assisting in Christmas pageant

Other

I, _____, grant my child, _____, permission to participate in all regularly scheduled activities of the Evangelical Congregational Church of Westborough church school and youth group programs.

Signature(s)

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Medical Information:

THE EVANGELICAL CONGREGATIONAL CHURCH OF WESTBOROUGH

Does your child have any medical condition(s) that would affect his / her ability to participate fully in church-related activities? If so, please explain _____

Does your child have (or has ever had) any of the following conditions:

Seizure disorders Asthma Diabetes Heart murmur
Kidney Disease Hay fever Other: _____
Allergies (please list) _____

We sometimes serve snack in church school or at our activities. Does your child have any dietary restrictions (please list)? _____

Person to contact if parent / guardian cannot be reached in emergency:

1) Name _____ Phone _____ Cell _____

2) Name _____ Phone _____ Cell _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the Evangelical Congregational Church and its designees to secure necessary medical treatment for my child.

I agree to notify The Evangelical Congregational Church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature(s)

Permission to use Photographs and Videos

I consent to the use of photographs or videos of my child for classroom learning, the church website, or other church related publicity.

Signature(s)