

ENROLLMENT - CHURCH SCHOOL PROGRAM
 First Church of Christ, Congregational - Glastonbury
 (Please fill out both sides of form.)

Date: _____

Please list your children for 9:00 a.m. Church School

_____ M / F _____
 (last name) (first) (initial) (age) (grade) (birth date)

_____ M / F _____

_____ M / F _____

_____ M / F _____

Parent Name _____ Cell: _____

Parent Name _____ Cell: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

Email: _____

Step Parent's Name _____

Children Live With _____

Other Information: Please indicate any learning disabilities or other circumstances the teachers should know about your child. **Also list any allergies or other medical or physical concerns (for teachers' use only).**

Yes, I give permission for my child to be photographed or videotaped as part of First Church activities. I recognize that his or her image may appear in a church or community publication.

No, I do not give permission for my child to be photographed or videotaped as part of First Church activities.

Parent Signature _____ **(Over, Please)**

Parent Volunteer Information

I/We are willing to help with:

(Please check areas where you would be willing to help occasionally or regularly).

_____ (name) _____ (name)

Teaching; Age/Grade preferred _____

Substitute teaching; Age/Grade preferred _____

Crib/Toddler Room Volunteer

Summer Church School

Vacation Bible School

Artistic work (bulletin boards, signs, etc.)

Arts & crafts resource

Baked goods

Church School room parent

Help with special projects

Music resource (ideas, instrument)

Office work (mailings, labels, "stuffing", copying, etc.)

Photography/Videotaping

Telephoning

Special events:

Homecoming Sunday

Advent Workshop

Lenten Family Workshop

Children's Worship

Puppet Troupe

Drama

Children's Message