

REGISTRATION FOR INFANT/TODDLER PROGRAM

First Church of Christ, Congregational, Glastonbury

Child's Name _____ Sex _____

Birthdate _____ Allergies _____

Baptismal Date _____ Any Special Needs _____

Parent(s) Name(s) _____

Address _____

Zip Code _____ Phone _____

E-mail _____

Brothers and sisters (names and ages) _____

We (I) are (am) willing to help occasionally with the Infant/Toddler Program ____ yes ____ no

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 _____