

## 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 \_\_\_\_\_