

Asylum Hill Congregational Church

ANNUAL REGISTRATION FORM

2017-2018

Registration forms are required for each child. The deadline is September 24, 2017

Child's Name: _____ **Gender:** M / F
Last First

Date of Birth: _____ **Age** (as of Sept 1, 2017): _____

Grade: Infant Toddler PK K 1 2 3 4 5

Child's Primary Address: _____
Street apt #

City State Zip

Primary Contact Information

Full name: _____ Relationship to child: _____

Address (if different): _____

Home phone: _____ Cell phone: _____

E-mail address: _____ Do you check email regularly? _____

Secondary Contact Information

Full name: _____ Relationship to child: _____

Address (if different): _____

Home phone: _____ Cell phone: _____

E-mail address: _____ Do you check email regularly? _____

In an emergency, if neither the primary nor secondary contact can be reached by cell phone an alternative contact is:

Name: _____

Relationship to child: _____

Cell phone #: _____

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Medical Information:

Allergies: _____

Other Health Concerns: _____

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give AHCC permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I release Asylum Hill Congregational Church from liability in acting on my behalf in this regard. **Please initial here:** _____

Special Concerns:

In order to provide the best church school experience we can for your child, please use the space below to make us aware of any special needs your child may have. You may speak to Marcie Jackson, Director of Children & Family Ministries, to discuss any concerns you may have. All information is held in confidence and shared only on a need to know basis.

Photograph Release Permission

I hereby grant permission to AHCC to use my child's photograph(s) on its Web site or in other official church printed publications. **Please initial** _____.

Volunteer: I am interested in:

- Teaching (3 week commitment)
- Classroom Parent Helper (1 or more Sundays/year)
- Donating supplies
- Serving on Children & Family Ministries Committee (CFMC)
- Other: _____

Completed by: _____
(signature) *(date)*

Relationship to Child: _____