

THE FIRST CHURCH IN WINDSOR - CHURCH SCHOOL REGISTRATION

Name of Child: _____ M / F Birth date _____ Grade ____ Baptized: Y / N
Describe any allergies: (bee stings/food): _____
List conditions that limit your child's participation in class activities: _____

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Home Address: _____ Home #: _____

Mother's Name: (or legal guardian): _____

Address: (if different) _____

Cell #: _____ Email _____

Father's Name: _____

Address: (if different) _____

Cell #: _____ Email _____

Emergency contact: Name: _____ Contact # _____

Who is authorized to pick up your child? (must be over 16) _____

Name of physician: _____ Telephone #: _____

- In the event of an emergency, I hereby give permission to my physician, the Pastors and the Minister of Youth and Outreach of the First Church in Windsor to secure medical treatment for my child/ children: Y/N
- The church maintains a web site, and distributes current information through the EDGE. We would like to share pictures of groups of children and their activities. Children will never be identified as individuals. Y/N
- Would you like information on First Church Early Learning Center? Y/N
- Would you be willing to help at a Christian Education sponsored Activity: Y/N

Signature of parent or legal guardian _____

Date: _____