

**CHRISTIAN EDUCATION CHILD/YOUTH
REGISTRATION FORM
FIRST PARISH CHURCH, CONGREGATIONAL
MANCHESTER-BY-THE-SEA
2008-2009**

NAME: _____ BIRTHDATE: _____

AGE: _____ GRADE: _____

CONTACT EMAIL: _____

THINGS WE SHOULD KNOW: *CONCERNS, MEDICAL, ALLERGIES, ETC:*

PARENT/GUARDIAN NAME(S):

ADDRESS: _____

TELEPHONE: _____

PARENT'S EMAIL: _____

PARENT'S CELL PHONE:

For Emergency Contact Only

EMERGENCY CONTACT:

Other than parents

If you DO NOT want your Child's photo released please indicate below

I REQUEST THAT MY CHILD'S PICTURE **NOT** BE USED IN ANY MEDIA RELEASES
BY FIRST PARISH CHURCH.

PARENT SIGNATURE