## 2017/2018 Sunday School Registration Form



Parent/Guardian Signature\_\_\_\_\_

First Congregational United Church of Christ 815 S. Concord Rd. Oconomowoc, WI 53066 (262)567-4461



Date:\_\_\_

Please fill out one form for	each child that will be attending Sunday	y School for 2017/2018.	
Childs Name:			
DOB (00/00/0000):	Date of Baptism (00/00/0000):	Grade:	
If the above named child has ar	ny medical issues, allergies, or special needs p	lease note them below:	
Parent/Guardian:			
Address:City, Zip:			
Home Phone:	Home Phone:Cell Phone:		
Information about Sunday School will be sent via email. Please provide us with the best email(s)			
E-Mail Address:			
Emergency contact during Sun	day School hours:		
☐ I will be in Church during	g Sunday School hours		
☐ No, I will be off church g	rounds. Please contact:		
Please contact:	Telephone	e Number:	
Please contact:	Telephone	e Number:	
Would you be willing to help ou	ut with Sunday School this year?		
☐ Yes	□ No		
Photo Release			
and work (writings, class projections, and video monitor within identified by first name, or first will be attached to any photo.  No, I do not give First Congrega	United Church of Christ permission to publish its, artwork, etc.) to the churches kiosk, Facebothe the church. For security reasons, I understar name and first initial of last name. On the we tional United Church of Christ permission to projects, artwork, etc) to the churches kiosk, r within the church.	ook, website, printed publicand my child(ren) will only be ebpage and Facebook no name bublish my child(ren)'s photo,	