

**Rehoboth Congregational Church
CHURCH SCHOOL REGISTRATION NURSERY – GRADE 1**

NAME of Student: _____
First Middle Last

Address: _____
Street Town Zip

DOB: _____ Entering grade: _____ Baptized? ____ Yes ____ No
Note: Guideline for 3 and 4 yr. old class - Child will be three by December of this year.

Parents/Guardians: _____
Name(s) Home Phone # E-mail address

Do you receive the Epistle? ____ Yes ____ No Would you like to receive it via email? ____ Yes ____ No
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***Please check and initial the following, as applicable:***

I give permission for my child to go on “mini field trips” on Church property or Carpenter Museum grounds with his/her Sunday School Teacher/Aide during Sunday School hours. \_\_\_\_\_ Yes \_\_\_\_\_ No

I give permission for pictures and videotapes of my child to be taken for use in Sunday School Projects, presentations, publications, and/or the RCC website. \_\_\_\_\_ Yes \_\_\_\_\_ No

By completing this registration form, I am agreeing to be present in Church each Sunday that my child is in Sunday School. If I am unable to accompany my child to Church, I will designate, in writing, a responsible adult who will be present and authorized to pick-up my child from Sunday School.

ADULTS AUTHORIZED TO PICK UP YOUR CHILD

PHONE #

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions for dismissal? \_\_\_\_ \*Yes \_\_\_\_ No *\*If restrictions apply, please explain on back.*

Does your child have allergies, food intolerances, or special needs? \_\_\_\_ \*Yes \_\_\_\_ No

*\*If yes, please explain.* \_\_\_\_\_

**Parental Release & Authorization for Treatment of your child:**

I have read/received a copy of Rehoboth Congregational Church’s “Youth Policies” and Procedures” form. This includes a section on “Bathroom policies for children”, and I give permission for my child’s teacher/aide to assist my child in zipping, buttoning, wiping, and cleanup if needed. I certify that the all of the above information is correct. I release adult supervisors and RCC from responsibility for accidents during church-sponsored activities. In case of a medical emergency, I, the parent/legal guardian of the above registered minor, will be contacted as soon as possible. Should I be immediately unavailable, I give permission to the adult sponsors of the Church School program at RCC to secure proper and necessary treatment for the health and safety of my child until I can be reached.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

*In case of fire the Church School will exit to the Carpenter Museum parking lot. Please meet us there.  
Do not come downstairs looking for your child.*