

Registration Form

2011 - 2012 Sunday School Year

Today's Date: _____



PARENT / GUARDIAN INFORMATION

Guardian #1 Name:

First Middle Last

Guardian #1 Address:

Street City State Zip

Guardian #1 Home #:

Include area code

Cell / Work#

Circle one Include area code

Guardian #2 Name:

First Middle Last

Guardian #2 Address:

If different than above

Street City State Zip

Guardian #2 Home #:

If different than above

Include area code

Cell / Work#

Circle one Include area code

Family Email:

Please provide an email address you check regularly to receive updates regarding our program

CHILDREN'S NAMES

Child's Full Name

First Middle Last

Date of Birth _____ Grade: _____

Baptized: yes _____ Date Baptized _____
no

Allergies or other concerns (please be specific; this information will be shared with your child's teacher):

Child's Full Name

First Middle Last

Date of Birth _____ Grade: _____

Baptized: yes _____ Date Baptized _____
no

Allergies or other concerns (please be specific; this information will be shared with your child's teacher):

Child's Full Name

First Middle Last

Date of Birth _____ Grade: _____

Baptized: yes _____ Date Baptized _____
no

Allergies or other concerns (please be specific; this information will be shared with your child's teacher):

Child's Full Name	_____	_____	_____
	First	Middle	Last
Date of Birth	_____	Grade:	_____
Baptized:	yes	Date Baptized	_____
	no		
Allergies or other concerns (please be specific; this information will be shared with your child's teacher):	_____		

Volunteer Registration:

Our Sunday school classes are taught by parent volunteers. We ask all parents with children attending Sunday School to register to teach. Teachers receive training and ongoing support from the Christian Education Director. Please indicate your preference.

Parent Name:

Email:

Yes, I would like to register to teach! Please place me in the _____ grade classroom.

I am not available to teach, but would like to substitute in the _____ grade classroom.

All volunteers are subject to annual CORI checks.

Return this form to: Dr. Todd Gernes, Christian Education Director
 First Congregational Church of Holliston
 725 Washington Street
 Holliston, MA 01746
 (508) 429-8608 x 26
education@hollistonucc.org