

The First Congregation Church of Shrewsbury

Sunday School Registration Form – 2022/2023 Please list each child individually

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Covenant Declaration: Adult participation is vital to keeping our Sunday school program running. It is the expectation of the Christian Education Committee that each family participate in some capacity in the Sunday school program. In registering my/our child(ren) for Sunday School, I/we are willing to take part in the program at the First Congregational Church in the following capacity:

- | | |
|---|---|
| <input type="checkbox"/> I am willing to teach preschool | <input type="checkbox"/> I am willing to assist with special events |
| <input type="checkbox"/> I am willing to teach elementary grades | <input type="checkbox"/> I want to help with the Advent workshop |
| <input type="checkbox"/> I am willing to teach middle school | <input type="checkbox"/> I want to help with the Christmas Tableau |
| <input type="checkbox"/> I am willing to be a classroom shepherd | <input type="checkbox"/> I am willing to help with the Palm Sunday Workshop |
| <input type="checkbox"/> I am willing to sub as needed | <input type="checkbox"/> I want to help in other ways, please contact me |
| <input type="checkbox"/> I am willing to help in the nursery | |
| <input type="checkbox"/> I am willing to assist with group activities | |

Parent(s)/Guardian(s)'s interests and hobbies: _____

Signature of parent/guardian indicates permission for the named child(ren) to participate in our Sunday school Program, and for the use of any pictures and/or videos to appear in promotional materials.

Signature: _____ Date: _____

Child's Name: _____
(first) (last) (goes by)

Date of Birth: _____ Male Female

Grade (in fall 2021): _____ or preschool

Please list any allergies that would require medical intervention (include child's name if multiple children on this registration form): Yes No

If yes, explain: _____

Please notify us of any information that may be helpful to the teacher. Remember to include any emotional/behavioral issues or physical challenges your child may need special attention with:

Child's Special Interests: _____

Child's Name: _____
(first) (last) (goes by)

Date of Birth: _____ Male Female

Grade (in fall 2021): _____ or preschool

Please list any allergies that would require medical intervention (include child's name if multiple children on this registration form): Yes No

If yes, explain: _____

Please notify us of any information that may be helpful to the teacher. Remember to include any emotional/behavioral issues or physical challenges your child may need special attention with:

Child's Special Interests: _____

Child's Name: _____
(first) (last) (goes by)

Date of Birth: _____ Male Female

Grade (in fall 2021): _____ or preschool

Please list any allergies that would require medical intervention (include child's name if multiple children on this registration form): Yes No

If yes, explain: _____

Please notify us of any information that may be helpful to the teacher. Remember to include any emotional/behavioral issues or physical challenges your child may need special attention with:

Child's Special Interests: _____