

**Peace Dale Congregational Church**  
**2009-10 Church School Registration Form**

Parent/Guardian Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian Home phone #: \_\_\_\_\_  
Parent/Guardian Cell phone #: \_\_\_\_\_  
Parent/Guardian E-mail address: \_\_\_\_\_  
Emergency contact and phone #: \_\_\_\_\_

\*\*\*\*\*I am registering for the:  
9 am Church School Session \_\_\_\_\_  
11 am Church School Session \_\_\_\_\_

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1. Child's name: \_\_\_\_\_ School Grade 09-10 \_\_\_\_\_  
Child's birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Does your child have any allergies or health conditions? Please specify:

\_\_\_\_\_  
2. Child's name: \_\_\_\_\_ School Grade 09-10 \_\_\_\_\_  
Child's birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Does your child have any allergies or health conditions? Please specify:

\_\_\_\_\_  
3. Child's name: \_\_\_\_\_ School Grade 09-10 \_\_\_\_\_  
Child's birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Does your child have any allergies or health conditions? Please specify:

\_\_\_\_\_  
4. Child's name: \_\_\_\_\_ School Grade 09-10 \_\_\_\_\_  
Child's birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Does your child have any allergies or health conditions? Please specify:

\_\_\_\_\_

## Church School Support

For our Church School to be successfully implemented and appropriately supervised, we will need parent and family assistance throughout the Church School year. Please select an area where you would like to provide assistance and support. Time commitments vary based upon your availability.

Toddler Room \_\_\_\_\_

Church School Teacher \_\_\_\_\_

Classroom Assistant \_\_\_\_\_

Christmas Pageant \_\_\_\_\_

Vacation Bible School (July 2010) \_\_\_\_\_

Middle or High School Youth Group (Please Specify) \_\_\_\_\_

### **MEDIA RELEASE**

I, \_\_\_\_\_, give permission to Peace Dale Congregational Church to make or use pictures, slides, digital images, or other reproductions of me, or my minor child, \_\_\_\_\_, or of materials owned by me or my minor child. I understand that the finished pictures, slides, or images may be used without compensation in productions, publications, other printed materials, or World Wide Web publication related to the role and function of Peace Dale Congregational Church.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I do not wish to grant permission for the media release of me or my child.

Please Print Child's Name \_\_\_\_\_

**In case of an emergency when a parent and guardian cannot be reached, I hereby grant permission to Peace Dale Congregational Church or its designee to transport and/or obtain emergency medical treatment for my child.**

**I would like to receive a copy of the PDCC Safe Place Policy:**

Yes \_\_\_\_\_ No \_\_\_\_\_

*\*For CE Office use only: Safe Place Policy received if requested \_\_\_\_\_*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_