First Church of Christ, Old North Church 2022-2023 <u>Sunday School</u> Registration Form (<u>children ages 3yrs – 6th grade</u>) 2022-2023 <u>Infant/Toddler Room</u> Registration Form (children < 3yrs)

Parent	or Guardian Name(s)		
Home /	AddressStreet		
Street Home phone			Zip
Parent 1/Guardian cell phone		_ Parent 2/Guardian cell phone	
Child's Name		Date of Birth	
Age as of September		Grade as of September	
Are you	u on Facebook? YesNo		
1)	Please describe any special needs medications or release restrictions:	(for the child above) including	
2)	To assist us in estimating weekly atte any prolonged time periods where you sports conflict, ski season, etc)? If so,	ur child(ren) will not be attending	g Children's Church (i.e. fall/spring
	note: For additional children, please scribed with their name as it appears or		
<mark>\$35 su</mark>		of registration. Donation to cover throughout the year. ecks payable to "Old North Chucash check"	

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MEDIA RELEASE: I give permission for photos/writings of my child/children to appear in promotional materials and news articles for First Church of Christ in Marblehead (Old North Church), UCC according to my preferences below. I acknowledge that my child's/children's work and/or photo may be posted within the church buildings or included in church mailings unless I provide a written request to the contrary.

The First Church of Christ in Marblehead (Old North Church), UCC has my permission to use my child's/children's photos/writings for (check all that apply)				
 Newspaper articles (circle) with / without name attached. Church website/ Facebook Page (no individual names will appear in picture captions) Online articles written for or used by the Massachusetts Conference of the United Church of Christ website (no individual names will appear in the picture caption) 				
☐ Signage posted on property other than Old North Church (i.e. flyer for a church event posted in a store window).				
For families with more than one child:				
Child's Name	Date of Birth			
Age as of September	Grade as of September			
Please describe any special needs including allergies, health issues, regular medications or release restrictions:				
Child's Name Date of Birth				
Age as of September	Grade as of September			
Please describe any special needs including allergies, health issues, regular medications or release restrictions:				
Child's Name	Date of Birth			
Age as of September	Grade as of September			
Please describe any special needs including allergies, health issues, regular medications or release restrictions:				

Date

Parent's signature