



# WALKING IN THE LIGHT OF GOD

## NEW ENGLAND CHURCH SCHOOL REGISTRATION 2018-2019 (AGES 3 THROUGH 4TH GRADE)

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PLEASE LIST SIBLINGS NAMES AND AGES:

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

PARENT/GUARDIAN NAME/S

PHONE NUMBERS

Home \_\_\_\_\_ Cell \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_

MAILING ADDRESS

E-MAIL ADDRESS

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

EMERGENCY CONTACT

PHONE

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

CONCERNS: MEDICAL/ALLERGIES/BEHAVIOR/LEARNING

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

Does your child receive special services? Yes No (Circle one)  
If yes, please share anything that would help us assisting your child in Church School.

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

NAMES OF ALL ADULTS THAT MAY PICK UP YOUR CHILD/CHILDREN

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

PERSON COMPLETING THIS FORM \_\_\_\_\_

RELATIONSHIP TO THIS CHILD: \_\_\_\_\_

**WE ARE ASKING EVERYONE TO BE A TEACHER FOR A TWO WEEK ROTATION TWICE PER YEAR.**

**Please circle your preferred choices:** Sept/Oct    Nov/Dec    Jan/Feb    March/April    May

**PLEASE LIST ANY DIETARY PREFERENCES. EX. VEGETARIAN, VEGAN, ETC.** \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ I give permission for my child's photo to be used on the NECC website and/or Facebook page.

\_\_\_\_\_ I give permission for my child's photo to be used in our monthly NECC newsletter (Youth Tidings).

Signature: \_\_\_\_\_

Questions: Contact Audra Darche at Audra@newenglandchurch.org

**PLEASE RETURN THIS FORM TO THE CHURCH OFFICE BY: AUG. 26TH.**