



SPEAKING IN THE LIGHT OF GOD

NEW ENGLAND CHURCH SCHOOL REGISTRATION 2019-2020 (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 (Tiny Tidings).

Signature: _____

Questions: Contact Audra Darche at Audra@newenglandchurch.org

PLEASE RETURN THIS FORM TO THE CHURCH OFFICE BY: AUG. 25TH.