



DANCING IN THE LIGHT OF GOD

NEW ENGLAND CHURCH SCHOOL REGISTRATION 2021-22 (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 Darce at Audra@newenglandchurch.org

PLEASE RETURN THIS FORM TO THE CHURCH OFFICE BY: AUG. 29TH.