Please complete and mail along with registration payment to: First Congregational Church of Haddam, P.O. Box 215, Haddam, CT 06438.

Child Name: $\qquad$
Allergies or other medical conditions: $\qquad$
Age: $\qquad$ Grade entering in the fall: $\qquad$
$\qquad$ Age: $\qquad$ Grade entering in the fall: $\qquad$
Allergies or other medical conditions: $\qquad$

Child Name: $\qquad$ Age: $\qquad$ Grade entering in the fall: $\qquad$
Allergies or other medical conditions: $\qquad$

## Parent Information:

Name: $\qquad$
Address: $\qquad$
Phone where you can be reached during this event: $\qquad$
Email address: $\qquad$

Emergency contact if parent can not be reached: $\qquad$
Emergency contact number: $\qquad$

May we photograph your child as part of this event? The photos may be posted in the church's Fellowship Hall, monthly newsletter, and on the church website and Facebook page. No names will be included. $\qquad$ Yes $\qquad$ No

Would your child like to be placed in a group with a friend? (We will make every effort to do this but there are no guarantees.) Name of friend: $\qquad$
Additional comments: $\qquad$

Signature of parent/guardian $\qquad$ Date $\qquad$

Registration Fees:

