

2017-2018
Church School Registration Form

Higganum Congregational Church
23 Parsonage Rd., Higganum, CT 06441
First Congregational Church of Haddam
905 Saybrook Road, Haddam, CT 06438

Parent(s) Name: _____

Street Address: _____

Town: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email address: _____

May we photograph your child as part of the Church School group and post these photos in Fellowship Hall, the Lewis House/church office, the newsletter, church Facebook pages and websites? No names will be included in the internet publication. ☐ Yes ☐ No

Student(s) complete name(s)	Birthday mm/dd/yy	Grade	Age	Allergies / Medical Conditions <small>If needed, use comment section</small>

I / we can help with the Youth Ministry in the following ways:

- | | |
|--|---|
| <input type="checkbox"/> Teach / Assist with Sunday school | <input type="checkbox"/> Vacation Bible School |
| <input type="checkbox"/> Assist with Middle School Youth Group | <input type="checkbox"/> Provide refreshments and/or snacks |
| <input type="checkbox"/> Teach / Assist with pre-school class | <input type="checkbox"/> Donate supplies |
| <input type="checkbox"/> Provide Sunday nursery coverage | <input type="checkbox"/> Sew / mend costumes or paint |
| <input type="checkbox"/> Substitute teacher | <input type="checkbox"/> Wherever I'm needed! |

Comments:

Form completed by: _____

Relationship to child(ren): _____ Date: _____