**United Congregational Church of Haddam and Higganum**
**Sunday School Registration Form for 2026-2027**

Student Information

Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies/Medical Conditions: _____

Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies/Medical Conditions: _____

Medications: _____

Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Allergies/Medical Conditions: _____

Medications: _____

Address: _____
City: _____ State: ____ Zip: _____
Phone: _____ Email: _____

Parent/Guardian Information

Name(s): _____
Address (if different): _____
Phone: _____ Email: _____
Emergency Contact (other than parent): _____
Phone: _____

Permissions

☐ I give permission for my child to participate in Sunday School activities.
☐ I give permission for my child's photo to be used in church-related publications/social media.

Signature of Parent/Guardian: _____ Date: _____