**Kensington Congregational Church
Church School Registration**

**LAST NAME:**

**KCC MEMBER OR FRIEND:**

**NAMES OF PARENTS OR ADULT CONTACTS:**

**ADDRESS:**

**HOME PHONE #:**

**CELL PHONE #:**

**EMAIL ADDRESS:**

**NAME AND PHONE # OF EMERGENCY CONTACT:**

1. **Child’s Name:**

**Age:**

**Grade:**

**Birthdate:**

**Baptized (Y/N):**

**Child’s special interests and activities:**

**Any food/environmental allergies?**

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**Age:**

**Grade:**

**Birthdate:**

**Baptized (Y/N):**

**Child’s special interests and activities:**

**Any food/environmental allergies?**

**Please see the reverse side of this document, your (digital) signature is required!**

**Special Concerns**- In order to provide the best church school experience, please use the space below to make us aware of any special needs your child may have. We are happy to discuss any of your concerns. All information is held in confidence and shared only on a need to know basis.

**Photo Release -** Occasionally we take photos in our classrooms or during special programs to use on bulletin boards, our website, local newspapers, power point presentations and social media, to share the good news of the mission and ministry of KCC. If you are comfortable with the use of your child(ren)’s photographs for church purposes, please sign below.

I hereby grant permission to Kensington Congregational Church to use any photographs of my child(ren) taken during church sponsored activities for church purposes only as described above. I understand that I will be contacted for special permission should any photo be considered for use other than described above.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Covenant:** I understand that many volunteer hands are needed throughout the program year. I covenant to use my gifts in some way this year to support the Christian Faith Formation Program of Kensington Congregational Church. As a partner in this ministry, I pledge to uphold and support my child(ren)’s/youth’s involvement in all aspects of participation.

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_