

The First Congregational Church - Church School

23 South Main St. – Wallingford, CT 06492

203-265-1691



Snacks (All Grade Levels)

Some Sundays the students will receive a small snack during their church school class. If your child has any food allergies please indicate them in detail below.

My child _____ does not have any food allergies.

My child _____ cannot eat the following foods:



Photographs (All Grade Levels)



Occasionally pictures are taken in the classrooms or during church school events. These photos are for church purposes only. Please sign below if you give permission to have your child photographed. (For example: a classroom picture.)

Child's name: _____

Signature: _____

Date: _____

*In order to ensure the safety of our church school students, we are requesting that parents of **Nursery through Second Grade Students** pick up their children after class in the classroom. Teachers will not allow a student to leave class unless the parent personally meets the child or the parent has given written approval for the child to leave the classroom alone, with an older sibling or another adult. If you are unable to meet your child at the end of class, please complete the form below.*



I understand unless this form is signed and turned in to my child's teacher, I must personally meet my child after each church school session.

My son/daughter: _____ has my permission to leave his/her church school class at the end of class:

on his/her own.

with his/her brother or sister named: _____

with this person: _____

Signature: _____

Date: _____

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The First Congregational Church

203-265-1691

Church School Registration

Please Print (clearly):

Child's Full Name: _____

Birth Date (month/day/year): _____

Grade Level: _____ Baptized: Yes _____ No _____

Parent(s) Names: _____

Siblings: _____

Address: _____

Telephone: _____

Cell Phone: _____

E-Mail: _____

Check here if you are willing to receive church mailings electronically.

Check here if you would like Sunday School text alerts (closings/
"morning of" changes in the classroom / special activities)

Please list below special concerns you have for your child: (i.e. allergies, health concerns, special needs, reading disabilities, etc.)

Please check of activities that your child is interested in so we can tailor our programs:

Arts and Crafts

Sports

Music

Reading

Spending time outside

Games

Animals

Other _____

(Please Turn Page Over)