2026-2027 Children / Youth Registration Form

THE FIRST CONGREGATIONAL CHURCH, 184 CHERRY BROOK ROAD, PO BOX 133
CANTON CENTER, CONNECTICUT 06020-0133

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO THE CHURCH

(Please list all children, Infants – Grade 12)

1. Name_____M_____F_____Birth date____/____/____ Age_____

Grade in Sept____ Baptized: Yes_____No_____e-mail_____

2. Name_____M_____F_____Birth date____/____/____ Age_____

Grade in Sept____ Baptized: Yes_____No_____e-mail_____

3. Name_____M_____F_____Birth date____/____/____ Age_____

Grade in Sept____ Baptized: Yes_____No_____e-mail_____

4. Name_____M_____F_____Birth date____/____/____ Age_____

Grade in Sept____ Baptized: Yes_____No_____e-mail_____

Mother's Name _____

Address_____

Home phone_____Cell phone _____Business phone_____e-mail_____

Father's Name_____

Address_____

Home phone_____Cell phone _____Business phone_____e-mail_____

In case of emergency, please contact:

Name_____Home Phone_____Cell Phone_____

Allergies, including food, or other conditions that may affect your child(ren)'s participation:

_____

Name of **physician** _____Phone_____

In case I cannot be reached in an emergency, I hereby give my permission to my physician, the Pastor, the Director of Christian Education and Youth, or the designated Youth Leader of The First Congregational Church, Canton Center, to secure medical treatment for my child/children. I give my child/children permission to participate in church school or youth meetings at The First Congregational Church, Canton Center, Connecticut.

A. *I give permission for my child to have his/her picture taken for part of the program and possible display on bulletin boards, church publicity and the church website including church run social media accounts*

Please select yes or no

☐ **YES** ☐ **NO**

B. *Is Your child(ren) interested in* ***CHERUB CHOIR*** *(age 4 - Grade 2****)***

☐ **YES** ☐ **NO**

*Name(s)*_____

_____

C*. Is Your child(ren) interested in* ***JUNIOR CHOIR*** *(Grade 3- Grade 8****)***

☐ **YES** ☐ **NO**

*Name(s)*_____

_____

D. *Is Your child(ren) interested in* **JYF-*Junior Youth Fellowship*** *(Grade 5-8* ***)***

☐ **YES** ☐ **NO**

*Name(s)*_____

_____

E*. Is Your child(ren) interested in* **SYF-*Senior Youth Fellowship*** *(Grade 9-12****)***

*Name(s)*_____

☐ **YES** ☐ **NO**

_____

Parent/Guardian Signature Required:_____

Date_____