Child's Last Name	Child's First Name	Middle Name	Grade

Church School Registration 2023-2024

Please complete <u>one form for each child</u> (from age 0 – grade 12).

Extra copies available at church or download from <u>www.bccucc.org</u>.

Please mail or bring to: Barrington Congregational Church, U.C.C.

Attn: Church School Registration, 461 County Road, Barrington, RI 02806

Preferred name		I	Date of Birth		Age	
Preferred pronoun	☐ she/her/hers	☐ he/him/his	☐ they/them			
Medical consideration	ons/allergies:					
Name of weekday so	chool:					
•	Parent / G			Parent / G		
Name(s)						
Cell phone(s)						
E-mail(s) *			🗆			
* Our databas	e requires a primary e-mail ad	dress for a family. Plea	se check one box to indicate	which to list as 'primary'.		
Address(es)						
City State Zip(s)						
Home phone(s)						
Emanage av Cantact	Nome			Dhana		
Emergency Contact	Name			Phone		
Are you current men	nbers of BCCUCC?	□ Yes □	No ☐ Please s	end more informat	ion.	
Past Church Affiliat	ion					
Please check as app	propriate:					
Is your child baptize	d? ☐ Yes ☐ No	□ Please se	nd me more inform	nation.		
Is your child interest	ed in youth group ac	ctivities and/or se	ervice-learning trip	s (Grades 5-12)?	□ Yes □ No	
Is your child planning	g to participate in th	e '23-'24 OWL	program (Grades 7	- 10)? □ Yes	□ No	
Is your child interest	ed in participating in	n the Sing & Cel	ebrate Choir (Grad	es 1-5)? □ Yes	□ No	
☐ I give permission	for my child to part	icipate in church	school and youth	programs at BCC	JCC.	
☐ I do <u>not</u> want my	child's picture (with	nout name) displ	ayed on the church	website and Face	book page.	
Signature		R	elationship to child		Date	
* Please note that church youth group participants ar You may fill these out or u		nformation and medi-	cal consent forms on file.			

Date entered

By

For office use:

Date rec'd