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

Church School Registration 2024 - 2025

Please complete *one form for each child* (from age 0 – grade 12). Extra copies available at church or download from www.bccucc.org. Please mail or bring to: Barrington Congregational Church, U.C.C.

Preferred name		D	ate of Birth	Age		
Preferred pronoun	☐ she/her/hers	☐ he/him/his	□ they/them			
Medical considerati	ons/allergies:					
Name of weekday s	school:					
Parent / Guardian				Parent / Guardian		
Name(s)						
Cell phone(s)						
			e check one box to indicate whi			
Address(es)						
City State Zip(s)						
Home phone(s)						
Emergency Contact	Name		Pł	none		
•		C? □ Yes □ 1		d more information.		
Please check as ap						
-		No □ Please sei	nd me more informati	on.		
•				Grades 5-12)? ☐ Yes ☐ No		
			mation program (Gra			
s your child interes	sted in participating	g in the Sing & Cele	ebrate Choir (Grades	1-5)? □ Yes □ No		
☐ I give permissio	n for my child to p	articipate in church	school and youth pro	ograms at BCCUCC.		
☐ I do <u>not</u> want my	y child's picture (w	ithout name) displa	ayed on the church w	ebsite and Facebook page.		
			elationship to child			

For office use: Date rec'd Date entered By

You may fill these out or update your current information during church school registration.