

# 2009 – 2010 Church School & Confirmation Registration Form

## Seekonk Congregational Church

United Church of Christ

600 Fall River Avenue, Seekonk, MA 02771

CHILD'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ BAPTIZED: \_\_\_ YES \_\_\_ NO

PARENTS' NAMES \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

CHURCH SCHOOL SESSION (*circle one*) 9AM 10:30 AM

Entering in **September 2009** (*circle one*): Nursery (Birth to 3YR) Preschool 3YR / 4YR Kindergarten

(*circle one*): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

PARENT EMAIL ADDRESS \_\_\_\_\_

Confirmation Class (*9th grade or above*)

EMAIL ADDRESS OF CONFIRMAND \_\_\_\_\_

Medication/Allergies/Special Needs (*please notify us*) \_\_\_\_\_  
(*If additional space is need please use back of this form*)

Church Activity/Interests (Please check any that your child would participate in)

_____	Sacred Dance	_____	Play Musical Instrument
_____	Bells/Tone Chimes	_____	Drama
_____	Children's Choir (K-5)	_____	Acolyte
_____	Youth Choir (6-7-8)	_____	Other _____

*If you have additional concerns or helpful information, please use back*