

2011 – 2012 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 (BAPTISM DATE): _____

PARENTS' NAMES _____

Address _____

City/State _____ Zip Code _____ Telephone: () _____

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

Entering in **September 2011** (*circle one*): Nursery (Birth to 3YR) Preschool 3YR / 4YR Kindergarten

(*circle one*): 1st 2nd 3rd 4th 5th 6th 7th 8th Confirmand

PARENT'S 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