

# 2019-2020 Church School & Confirmation Class 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 (DATE of BAPTISM): \_\_\_\_\_

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

Address \_\_\_\_\_

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

PARENT'S EMAIL \_\_\_\_\_



**Like us on Facebook...** We are now posting our amazing church activities and events on social media. Please indicate to the office if you need to opt out of having you or your child's pictures posted. (508-336-9355) [seekonkucc@gmail.com](mailto:seekonkucc@gmail.com)

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

Entering in **SEPTEMBER 2019** (*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> Confirmation class (9<sup>th</sup> grade or above)

### Confirmation Class (*9th grade or above*)

EMAIL 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*

**TO BETTER UPDATE THE CHURCH RECORDS  
~ THIS FORM NEEDS TO BE FILLED OUT EACH YEAR ~**