

FIRST CONGREGATIONAL CHURCH
Port Washington, Wisconsin

Church School Registration Form
2023-2024

Child's Name	Birthdate	Grade and School

Parent(s)/Guardian(s): _____

Address: _____

Phone: _____

Email: _____

Any allergies/food restrictions?

Any special needs/concerns?

AUTHORIZATIONS:

_____ I authorize First Congregational Church to seek emergency care in case I cannot be found.
(You must remain on the church premises while your child is in Nursery and/or Church School.)

_____ I authorize my child's picture to be used on the church bulletin board, website, etc.

I am interested in joining the Church School Leadership Team

I am willing and able to assist the Team on Church School Sundays.

Parent/Guardian Signature

Date