

**First Congregational Church Bristol, CT**  
**FAMILY REGISTRATION FOR CHILDREN'S MINISTRY**

Parents'/Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_  
HOME CELL

Family Membership Status: Member Friend Interested in Membership Another person to contact in case parents or guardian can't be reached in an emergency:

\_\_\_\_\_  
NAME HOME PHONE CELL PHONE

**I will share my gifts with our Children's Ministry by.....**

- \_\_\_\_\_ I will be a Faith Guide part of a Children's Ministry teaching team. (Which team? \_\_\_\_\_)
- \_\_\_\_\_ Help with the Easter Egg hunt set-up/ clean-up, Advent Workshop and other Family Ministry activities.
- \_\_\_\_\_ I will be a monthly classroom parent.

**MEDICAL PERMISSION AND RELEASE**

In case of an injury or emergency involving your child, the First Congregational church staff will:

- 1 contact parents/guardian (who should be present in the Church);
- 2 if parents/guardian are not present in church, emergency contact will be attempted;
- 3 the staff will: a) contact 911 b) seek out medical care deemed necessary

In completing this form, I give permission

- 1 to the First Congregational Church staff a) to administer first aid b) to feed my child a snack (other than foods listed as allergies on the reverse)
- 2 my child's image may be photographed, filmed and be used in video, print and web presentations.
- 3 for our family email address to be added to First Congregational Church's mailing list. First Congregational Church will not give your personal information to any third parties.
- 4 for my child to use all of the play equipment and to participate in all of the activities of the Church School, unless exceptions are listed here: \_\_\_\_\_
- 5 for my child to leave the classroom and the church premises for further education opportunities, play time or neighborhood walks, under the supervision of church volunteer staff member and/or designated church volunteer driver.

I have read and agree to all of the above information. To the best of my knowledge all of the information is accurate. I understand that if any of the information which I have provided changes, it is my responsibility to give the new information to the Church School staff. I understand that, as the child's parent/guardian, I will be responsible for any medical expenses, except for first aid administered at First Congregational Church. I understand that this permission is valid for as long as my child participates in the First Congregational Church School.

Signature of parent/guardian Date

 Please complete both sides of this form. Thanks! 

Full Name of Child: \_\_\_\_\_ (First name, Middle name, Last name, if not the same)

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Baptized? Yes / No

Special Needs/Allergies/Safety Concerns (allergies, asthma, custody issues, learning disabilities etc.)  
You are invited to contact FCC staff and/or your child's teacher to discuss these topics in person as well.

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