

PILGRIM CONGREGATIONAL CHURCH

A UNITED CHURCH OF CHRIST

REGISTRATION FORM – 2017-2018

(See back side to complete information on additional children.)

Join us as we discover together what it means to follow in the way of Jesus. Our enthusiastic group of teachers will partner with our children, focusing on the teachings of Jesus and inviting them to recognize their own inner wisdom and connection to the Spirit we all share. Contact Mark (markh@pilgrimduluth.org or 218-724-5803) with any questions.

Child/Youth _____

Parents Name(s): (a) _____

(b) _____

Address: (street) _____

(city) _____ **(state)** _____ **(zip code)** _____

Home Phone Number: _____

Daytime Phone Numbers: (a) _____ **(b)** _____

Cell Numbers: (a) _____ **(b)** _____

Parent E-Mail: (a) _____ **(b)** _____

Name of Parent or Adult Contact at Pilgrim: _____

Relationship if not Parent _____

Child's Age: _____ **Child's Grade:** _____

Child's Date of Birth: Month: _____ **Day:** _____ **Year:** _____

Child's allergies: (especially food allergies) _____

Medical or other important information about your child: _____

Special needs of which teachers and others need to be aware: _____

Anyone not allowed to pick up your child: _____

I/we understand that my child/ren may be photographed while participating in the activities of Pilgrim Congregational Church, and that recognizable pictures may be posted on the Pilgrim Congregational Church website or bulletin boards. I/we also understand that Pilgrim Congregational Church broadcasts its services on Public Access Television and images of the congregation, including children, are included in the broadcast. I/we have received a copy of the church's Media Policy.

Signature _____

Date _____

Additional Child/ren Registration Information:

Child's Age: _____ Child's Grade: _____

Child's Date of Birth: Month: _____ Day: _____ Year: _____

Child's allergies: (especially food allergies) _____

Medical or other important information about your child: _____

Special needs of which teachers and others need to be aware: _____

Anyone not allowed to pick up your child: _____

+ + + + +

Child's Age: _____ Child's Grade: _____

Child's Date of Birth: Month: _____ Day: _____ Year: _____

Child's allergies: (especially food allergies) _____

Medical or other important information about your child: _____

Special needs of which teachers and others need to be aware: _____

Anyone not allowed to pick up your child: _____

For any additional children, please attach a second form. Only parent names and child information need be completed.