

The Congregational Church of Amherst, NH, UCC

Church School Registration Form

Name of Parent/Guardian #1 _____

Address _____

Primary Phone # _____ (home/cell) Secondary Phone # _____ (home/cell/work)

Email _____

Name of Parent/Guardian #2 _____

Address (if different from above) _____

Primary Phone # _____ (home/cell) Secondary Phone # _____ (home/cell/work)

Email _____

Emergency Contact Name _____ **Relationship** _____

Primary Phone # _____ (home/cell) Secondary Phone # _____ (home/cell/work)

Child's Name _____ **DOB** _____ **Grade** _____

Allergies or Other Medical Conditions _____

Child's Name _____ **DOB** _____ **Grade** _____

Allergies or Other Medical Conditions _____

Child's Name _____ **DOB** _____ **Grade** _____

Allergies or Other Medical Conditions _____

Child's Name _____ **DOB** _____ **Grade** _____

Allergies or Other Medical Conditions _____

Do we have permission to include your child's photograph in CCA publications, on the CCA website and in news releases?
Children will never be identified by name on the website (Circle one). YES NO

Do you give your permission for Church Volunteers to authorize emergency medical treatment provided by a licensed health care professional? (Circle One) YES NO

I, the undersigned parent/guardian, agree to indemnify and hold harmless the Congregational Church of Amherst, NH and all of its employees and volunteer youth group leaders and other persons authorized to assist with the program from damages resulting to my child treated for emergency medical or dental problems and from any injuries sustained from participating in the program. Further, I agree to have my child treated for emergency medical or dental injuries provided that such treatment is advised by a licensed physician or dentist authorized to attend to my child. I accept full responsibility for all costs for any such treatment.

Date

Parent/Guardian