

***First Congregational Church in Bloomfield
Sunday School Registration 2013 - 2014***

Child's Name _____ Birth date _____ Grade _____

Address _____

Home phone _____ Cell phone _____

Email Address _____

Mothers Name _____ Fathers Name _____

Main Contact Person's Name _____

Main Contact Person's phone number (*if not already noted above*): _____

Allergies: _____

I give permission for photo's/video to be taken of my child to be used in FCCB video, website, or printed materials

I do not give permission for photo's/video to be taken of my child to be used in FCCB video, website or printed materials

Signature of Parent/Guardian _____

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