

Brookside Congregational Church, UCC
Registration Form for Faith Formation Programs 2009-2010
Rotational Workshops and Crib-room/Nursery

Child's Name: _____

First Middle Last

Date of Birth: _____ Age as of 9/1/2009: _____

School: _____ Grade: _____

Allergies (especially food), Medical or other concerns:

Child's Name: _____

First Middle Last

Date of Birth: _____ Age as of 9/1/2009: _____

School: _____ Grade: _____

Allergies (especially food), Medical or other concerns:

Child's Name: _____

First Middle Last

Date of Birth: _____ Age as of 9/1/2009: _____

School: _____ Grade: _____

Allergies (especially food), Medical or other concerns:

Parent's Names: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Email Address: _____

____ Please check if you do not want your child's image shared on the Brookside web site.

Signature: _____

Please return to Church office or to Fran Hakenson