

CHURCH SCHOOL REGISTRATION

CHURCH SCHOOL REGISTRATION FORMS ARE DUE SEPT. 1. Please scan and email them to mhernandez-evans@plymouthchurch.com or **mail them using the enclosed envelope pre-addressed to Education.** You can print additional forms from our website, plymouthchurch.com.

Child's Name: _____

(please fill out a separate form for each child)

Age/Grade as of Sept. 2019:	3-year-old class	4-year-old class	Kindergarten
	1st grade	2nd grade	3rd grade
	4th grade	5th grade	6th grade

Siblings (names and grade): _____

Please list any medical, learning, or other information you would like us to know about your child. _____

PARENT/GUARDIAN NAME: _____

Check if you have filled this information out on another child's form. If so, you do not need to do it again. Please skip ahead to Child's nametag (next page).

Email Address: _____

Mailing Address: _____

Cell Phone: _____ **Do you text (check one)?** Y N

PARENT/GUARDIAN NAME: _____

Email Address: _____

Mailing Address: _____

Cell Phone: _____ **Do you text (check one)?** Y N

EMERGENCY CONTACT NAME: _____

Cell Phone: _____ **Relationship to Child:** _____

PHOTO RELEASE: I consent to and authorize the use and reproduction of any and all photographs and/or audiovisual materials taken of me, my child, my ward or my representatives by Plymouth Congregational Church of the United Church of Christ, to be used in its publications and/or website.
Yes _____ **No** _____

INSURANCE INFORMATION:

Medical Release for Minor Child: _____

Name of Parent or Legal Guardian: _____

I am the parent or legal guardian of the following minor child: _____

I hereby authorize any Medical or Surgical treatment center which may be necessary in an emergency, and in my absence, for the well being of the above-mentioned minor. I agree to hold the physician or hospital treating the above-mentioned minor, harmless. Check box: Yes

Policy Number: _____

Group Number: _____

Please take a minute to fill out the **INFORMATION FOR YOUR CHILD'S NAMETAG.**

Your child will wear a nametag in a plastic holder during church school with this information.

3 YEARS-2ND GRADE NAMETAG INFORMATION:

Name as it should appear on your child's nametag: _____

Age or Grade fall of 2019 (check one)

- 3 yrs. 4 yrs. Kindergarten 1st grade 2nd Grade

Parent Name: _____

Parent Cell: _____

Allergy, learning or other information: _____

PICK UP PLAN:

- My child will be picked up from church school by: _____
(list all adults who may pick up your child)
- My child can leave with a sibling. Sibling's name and age: _____

3RD-6TH GRADE NAMETAG INFORMATION:

Name as it should appear on your child's nametag: _____

Grade fall of 2019 (check one)

- 3rd Grade 4th Grade 5th Grade 6th Grade

Parent Name: _____

Parent Cell: _____

Allergy, learning or other information: _____

Pick Up Plan:

- My child will be picked up from church school by *(list all adults who may pick up your child)*

- My child can leave with a sibling. Sibling's name and age: _____
- My child can leave church school independently.

VOLUNTEER INFORMATION:

Parents/Guardians, in order to adhere to our safe child policy, allow opportunities for you to be involved in our church school program, and to help our children experience the support of their families in their faith journey, we require that at all parents help in our church school classrooms a minimum of once a semester per child. Parent helpers help pass out materials, nametags, and help the teacher in small but meaningful ways.

Please check your preference(s) below. (Required)

- Please sign me up for a date and let me know. If it does not work for me, I will swap dates with another parent.
- Please sign me up multiple times, preferably during the month(s) of: _____
- I will sign myself up online by Sept. 1, 2019. (The SignUp Genius link: <http://alturl.com/iwgxc>)

Other Ways to Volunteer:

- I am interested in teaching in a church school classroom for (circle one) **one semester** or the **full year**. (Lindsey will contact you.)
- I would like to teach in a church school classroom but would like to share the job with another person. My preferred time commitment is (circle one) **one semester/full year**. (Lindsey will contact you.)
- I would like to be included on the substitute teacher list. (Lindsey will contact you.)

In addition to helping in a classroom, here are some other ways you can volunteer. Check your interests below:

- Work with the Board of Christian Education to plan a family event (time commitment: one hour meeting plus event)
- Help plan Vacation Bible School (time commitment: four one-hour meetings plus some work on your own)
- I am interested in co-teaching a Class for Families (please specify if age preference _____)
- I would like to go through training to be an OWL (Our Whole Lives) facilitator
- I would like to volunteer in the nursery or childcare room

BACKGROUND CHECK

Any person who volunteers or works with children under the age of 18 must fill out a background check. Background checks are run through the UCC and are kept confidential. Background checks are valid for five years. If you need to check to see if your background check is still valid, contact the Educational Assistant, Marissa Hernandez-Evans: mhernandez-evans@plymouthchurch.com. If you need to submit a background check, we have included a blank form for you. Return it to Nancy Bassett in the church office. If you have any questions about this process, please contact Lindsey Braun.