

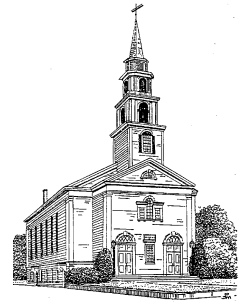


First Congregational Church United Church of Christ

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P.O. Box 344
Milford, MA 01757
(508) 473-5259

www.firstchurchmilfordl.org

office email: milfordcongregational@yahoo.com



*Rev. Jane Wilson
Minister*

Organized 1741

Sunday School Registration

2016 - 2017

(Please fill out one form for each child)

Student's Last Name: _____ Student's First Name: _____

Student's Date of Birth: _____ Student's School Grade: _____

School Attending: _____

Parent/Legal Guardian Name(s): _____

Student's Primary Residence Address: _____

Home Phone: Parent/Caregiver: _____ Relationship: _____

Cell # _____ Relationship: _____

Email addresses: Parent/Caregiver: _____

Sibling(s) Name, Age, Grade: _____

Health Issues

Are all immunizations up to date?: _____ Yes _____ No Tetanus: _____ Yes _____ No

List any medications and dosages/frequency taken on a regular basis:

Is the above named Youth permitted to self-administer above mentioned medications?

_____ Yes _____ No

Is the above named Youth permitted to self-administer over-the-counter pain relievers?

_____ Yes _____ No

List any allergies:

List any conditions (medical or emotional) that are necessary for The First Congregational Church adult advisors/staff to assure the health and safety of this Youth:
