

Channing Memorial Church Cooperative Religious Education 2010 - 2011 Registration

For Office Use:

Family Name				
Team	Season	BCI	COE	PIC

If more room is needed you may use other side

ADDRESS: _____

TOWN: _____ ZIP: _____ Telephone: _____

Preferred contact method? (circle one) **email** **phone**

Child/Youth Name	Date of Birth	Grade: Fall of 2010	

Please be sure to sign your registration form on reverse. Thank You!

Parent/ Guardian	Email	Mobile Phone

Any special health concerns:* (allergies, diet restrictions, medical conditions, behavioral, etc.:)*

Any Medications we should be aware of?

If your child is upset, what can help calm him/her down? Cheer him/her up?

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Please note that we expect **ALL** families to teach in our Religious Education Program. With this registration form, please complete a teaching team preference form and the Background Check and Code of Ethics forms for working with children and youth in our program.

I _____parent/guardian of _____ acknowledge that I have responsibility and liability for my child/children after they have been released from class each Sunday. **Date** _____ **Signed** _____

We occasionally use photos of children and youth in our program. No names are attached to these photos. If you do **not** want your child's image used, please initial here. _____
Not signing is considered consent for us to use photos of your child/children for our program.

Please use this area to expand any of your answers.