

First Church in Boston
Registration Form 2015-2016

Parent/ Guardian Information:

Name: _____

Relationship to Child: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Parent/ Guardian Information:

Name: _____

Relationship to Child: _____

Mailing Address: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Child Information:

First Name	Last Name	Birth Date	Grade

Special Information:

Is there something you want us to know about your child(ren) — e.g. allergies, special talents, and/or limitations bearing on participation?

Photo/Video Release:

YES, I give permission to photograph/video my child(ren). I understand that these pictures may be posted on the church website, newsletter, and/or social media. (Children's names will not be posted.)

NO, please do not use or post any pictures of my child(ren)