

**The Community Church of New Boston
Sunday School Registration**

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

Address _____

Phone # _____

Phone # _____

Email _____

Email _____

Please tell us about your child(ren):

Name:	Date of Birth:	Current Grade:

Please make note of any food allergies or sensitivities, medical conditions, or behavioral considerations of which we should be aware:

We are always looking for assistance with shopping, planning, preparing, and working with the children. Would you be willing to help with Sunday School this year? Yes _____ No _____ Maybe _____

Please indicate your preferred form of communication for Sunday School information throughout the school year:

Email _____ Church Website _____ Student Handouts _____ Other _____

Photo/Film Release: I give my permission for my child/children to be photographed/filmed during Sunday School. I give my permission for my child/children's work to be photographed for display purposes. I understand that all photos/recordings may be used in local newspapers, on the church website, displayed in the church, and/or used on CCNB social media.

Yes _____ Yes, with the following restrictions _____ No _____

Parent/Guardian Signature _____ Date _____