

Church School Registration		
Family Information		
Parent Name:	Parent Name:	
Phone	Phone	
Email*	Email*	
Home Address (Street, City, State, Zip)	Home Address (if different)	
*Email address will be used for SCC Church Sch	nool distributions	
Student Registration Information (register ad	ditional children on reverse)	
Child's Name	Current Grade	
Date of Birth	School/District	
Food Allergies	Medical / Other issues	
Scarsdale Congregational Church occasionally h School program and other church activities. Use	Photo Release: nas the opportunity to use photos to promote our Church es might include display boards, bulletin boards, the church etc. Names will only be included with additional permission.	
O <u>I do</u> give Scarsdale Congregational Chur informational or promotional purposes	rch permission to include my child(ren) in photos used for	
O I do not give Scarsdale Congregational of informational or promotional purposes	Church permission to include my child(ren) in photos used fo	
Name of Child(ren)	,,	
Signature of Parent:	Date:	

Parent Participation - How can you help? (please circle)

- Teaching/Substitute for Church School
- Nursery assistant on Sunday mornings
- Music-related activities
- Help with Christmas Pageant
- Help with Church School Sunday
- Advent Rotation (cooking/crafts/etc)
- Sharing a special talent (music/arts/drama/hobbies) (please list)

- Shopping for special event
- Preparing food/decorations for events
- Organizing supplies/preparing rooms
 Chapel time
- Being on Christian Education Committee
- Other (please list)

Additional Children

Child's Name	Current Grade
Date of Birth	School/District
Food Allergies	Medical / Other issues
Child's Name	Current Grade
Date of Birth	School/District
Food Allergies	Medical / Other issues
Child's Name	Current Grade
Date of Birth	School/District
Food Allergies	Medical / Other issues