



SECOND CONGREGATIONAL CHURCH

Church School Enrollment Form

Child Information

Last Name _____ First _____ Birthdate _____

Home Address _____ School Grade _____

Phone _____

Allergies _____

Child's Identifying Info:

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Skin Color _____

Identifying Marks _____

Parent/Guardian Information

Name _____ Name _____ -

Relationship _____

Home Address _____

Home Telephone _____

Cell or work _____

Email _____

Emergency Information

In the event that there is an emergency and I cannot be reached, I authorize WPC personnel/volunteers to contact any person(s) listed below, and if necessary, release my child to any person(s) listed below:

Name _____ -Phone _____ relation _____

Name _____ Phone _____ relation _____

Name _____ Phone _____ relation _____

Pick Up Authorization

The following person(s) are authorized to pick up my child:

- 1.
- 2.
- 3.

Child's Physician

Name _____ Phone _____

Address _____

Field Trip Authorization

My child has permission to go on field trips and I understand that I will be notified in advance of the time, place and date

Parent/Guardian Signature _____ Date _____