

Church School Enrollment Form

South Congregational Church ~ 277 Main Street ~ Hartford, Connecticut 06106 ~ (860)249-8627

Please fill out each part of this form fully. The information you provide will be placed in the church's computer system to help us better communicate to you regarding South Church programs and activities of ministry. If any of this information should change, please contact the church office to keep us up to date. The Christian Education Committee thanks you!

PLEASE PRINT

Today's Date: _____

Full Name: _____

I like to be called _____

Mailing Address: _____

City, State, Zip Code: _____ Phone: _____

Sex: _____ Date of Birth: Month _____ Day _____ Year _____ Grade in Public School: _____

Date of Baptism: _____ Church of Baptism: _____
(if child has not been baptized, leave blank)

Relationship to South Church (check one):

_____ Friend of Church School Student/Member Friend's Name: _____

_____ Parents are Members _____ Other: _____

Father's Full Name: _____ Work Phone: _____

Mother's Full Name: _____ Work Phone: _____

EMERGENCY INFORMATION

In regard to my son/daughter, named above, please accept this as your authorization to direct any or all medical and surgical procedures, as such needs may arise, during the time my son/daughter is in your care and is a member of the group. I understand all the arrangements made for this group. I give my consent for my child to participate, and I authorize ministers and adult leaders to make all necessary arrangements and to direct all activities of my son/daughter for the duration of this church activity. In case of emergency, I have included all the necessary personal and medical information pertinent to my son/daughter.

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ I. D. Number: _____

Subscriber Name: _____ Group Number: _____

Carrier Number: _____ (if applicable)

Limitations, Allergies, Medication, Additional Authorization on back _____ yes _____ no

SIGNED: _____ Day Phone: _____ Date: _____
(Parent/Guardian)

In the event that I cannot be reached, please call:

Name: _____ Relationship: _____ Phone: _____