

Baleville Congregational Christian Church Educational Registration Form

Child _____ DOB: ___/___/___ Grade: ___
Name

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Parent/Guardian _____ Phone ()
I can receive texts Y N

Mailing Address _____

Email Address _____

I agree to allow the use of my photo/child's photo for church related promotional materials: Y N

Emergency Contact: _____

Special Needs, Health Concerns or Allergies:

I would like to volunteer for the following:

Co-Teacher Publicity Committee Substitute Classroom Parent

Art/Music Hospitality Other

Signature

Date