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**First Congregational United Church of Christ**

**276 Haworth Avenue, Haworth, NJ 07641**

**201.384.1063**

**2016-2017 CONFIRMATION CLASS and/or YOUTH GROUP REGISTRATION FORM**

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_\_\_\_**

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_ Grade in Fall 2016 \_\_\_\_\_\_\_\_**

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cell Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies/Medical Information/Other**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

Please initial next to each item if you give it your consent.

\_\_\_\_My child(ren) may be photographed at Sunday School and other church related events and activities.

\_\_\_\_My child(ren)’s photograph and name may be used in church-produced publications including but not limited to brochures, the church’s website, and posters.

\_\_\_\_My child(ren)’s photograph and name may be used in conjunction with stories placed in other publications like the newspaper.

(more on back)

**Mentor Program Consent**

Each confirmation student will be matched with an adult in our church community. Please review the Mentor Information Sheet for details. Please acknowledge you consent to your child’s participation in the mentor program below. Initial each statement if you give your consent.

\_\_\_\_\_*My child(ren) may participate in the Mentor program as part of his/her/their Confirmation Class experience. I understand that no mentor/mentee meetings will be held without my knowledge and consent.*

*\_\_\_\_My child(ren) may communicate with his/her/their mentor(s) by telephone (live or voice mail)*

*\_\_\_\_My child(ren) may communicate with his/her/their mentor(s) by text message.*

*\_\_\_\_My child(ren) may communicate with his/her/their mentor(s) by email.*

**Transportation Consent**

Confirmation class will often meet outside the church for class and Youth Group outings. Initial the statement below if you give your consent.

**\_\_\_\_*My child(ren) may be transported to confirmation and Youth Group activities by Emma Nathanson, Jeanne Martin, the Pastor, or another legally licensed driver. I understand that I will be informed in advance about who is driving my child.***

Please acknowledge that you read and understand all sections of this form.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drop off this completed form or mail to: Ministry for Children and Youth, First Congregational UCC, 276 Haworth Avenue, Haworth, NJ 07641**