

Arlington Congregational Church  
UNITED CHURCH  
OF CHRIST



**Faith Formation Enrollment Form**

Parent/Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_ Phone (H): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

*Does the child live with you and are you the primary caregiver?* \_\_\_\_\_

*Please share any information you feel we should be aware of:* \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I do \_\_\_ do not \_\_\_ give permission for my child(ren) to be photographed for use on the church's website and Facebook page.

**#1 Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

Please list \_\_\_\_\_

Does your child take any medications? Yes \_\_\_ No \_\_\_

Please list \_\_\_\_\_

Does your child have any physical limitations/medical conditions we should be aware of?

Yes \_\_\_ No \_\_\_ Please list \_\_\_\_\_

**#2 Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Does your child have any allergies? Yes\_\_\_ No\_\_\_

Please list \_\_\_\_\_

Does your child take any medications? Yes\_\_\_ No\_\_\_

Please list \_\_\_\_\_

Does your child have any physical limitations/medical conditions we should be aware of?

Yes\_\_\_ No\_\_\_ Please list \_\_\_\_\_

**#3 Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade** \_\_\_\_\_

Does your child have any allergies? Yes\_\_\_ No\_\_\_

Please list \_\_\_\_\_

Does your child take any medications? Yes\_\_\_ No\_\_\_

Please list \_\_\_\_\_

Does your child have any physical limitations/medical conditions we should be aware of?

Yes\_\_\_ No\_\_\_ Please list \_\_\_\_\_

Persons authorized to pick up my child/ren

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

*Please indicate any special skills or interests you may wish to share with the Faith Formation program through volunteering:* \_\_\_\_\_

*Your signature below indicates you have received and reviewed Arlington Congregational Church's Safe Church Policy.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Completed