

Date _____ Visitor _____ New Student _____

**Greenfield Hill Congregational Church
Church School Registration Form**

Child's Name _____

First

Last

Gender _____ (M) _____ (F) Grade Level in School _____

Address _____
(street)

(town)

(state)

(zip)

Email Address _____

Home Phone _____ Date of Birth _____

Parent: _____ Cell Phone: _____

Parent: _____ Cell Phone: _____

Names of Siblings _____

***Dietary Restrictions _____

****Note: A light snack is served during class time. If your child has an allergy or sensitivity to any food or drink, please advise the classroom teacher and Marcia Carothers, Director of Christian Education.*

If your child has a known medical problem or other condition which might affect their participation in class, please indicate in the space provided, or notify Marcia Carothers, Director of Christian Education so that your child's specific needs may be addressed.

Welcome!

We're glad you are here. Please feel free to contact the church office (phone 259-5596) or email: info@greenfieldhillchurch.com if you have any questions! You can also visit the website at www.greenfieldhillchurch.com to learn more about our programs.

Please return this form to Marcia Carothers, Director of Christian Education, or you may mail directly to, GHCC, 1045 Old Academy Road, Fairfield, 06824.