

CENTRAL CONGREGATIONAL CHURCH, UCC

One Worthen Street P.O. Box 339
Chelmsford, MA 01824

Phone 978-256-5931

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Church Office

office.admin@cccchelmsford.org

Pastor Richard Knight

pastor-rich@cccchelmsford.org

Jen Stewart, Sunday School Coord.

jennifer.stuart@cccchelmsford.org

Christian Education vision statement:

“Creating a Community of Faith-filled Disciples Centered in God’s Love”

SUNDAY SCHOOL REGISTRATION 2019-2020

Please complete all sections and return to the church office.

Today’s Date: _____

Parent/Grandparent/Guardian Name(s): _____

Address: _____

Town, State, and Zip Code: _____

Phone Number: Home _____ cell _____

Email (only if you read your email): _____

I give permission for my child(ren)’s photo (*without* his/her name) to be shown on our church’s Facebook page, church website (for example, in a junior choir photo, a West Virginia or Lubec video, a youth group activity, etc.)

Yes ___ No ___*

I give permission for my child(ren)’s photo to be taken for Sunday School use: Yes ___ No ___*

*(If you answered no, would you prefer to be asked in cases when your child is part of a large group such as the pageant or a class picture?)

Yes ___ No ___

Volunteer Opportunities

___ Loving Arms in the Nursery

___ Teacher Appreciation Brunch (Jan.)

___ Christian Education Committee

___ Substitute teacher

___ Christmas Pageant

___ Teacher or Assistant

___ Other:

Would you be interested in being a part of a CCC Parent Group working with other parents on family social and fellowship events? Yes ___ No ___

Would you be interested in working on the Advent Festival Yes ___ No ___

Egg Hunt Yes ___ No ___

Picnic? Yes ___ No ___

*****Please use the other side to complete your child(ren)’s registration.*****

Child's Name (First and Last): _____

Age: _____ Birthdate: _____ Grade: Nursery- Grade 12 _____

Please name one or two things that you feel would be important for your child to experience or learn this year in Sunday School. (Feel free to add paper to this registration, if you need more room.)

Allergies: Yes ___ No___ Please list allergies:

Does your child have an IEP at school? Yes ___ No ___

If yes, please share what you can with us. Special concerns or suggestions?

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