
Last Name

FIRST CHURCH NASHUA, NH
SUNDAY SCHOOL/NURSERY REGISTRATION

Child's First Name _____ **Last Name** _____ **MI** ____ **Nickname** _____

Date of Birth _____ M ____ F ____ Grade _____

Baptized: Yes _____ No _____ Church _____

Name of Weekday School _____

Allergies and/or Medications _____

Child's First Name _____ **Last Name** _____ **MI** ____ **Nickname** _____

Date of Birth _____ M ____ F ____ Grade _____

Baptized: Yes _____ No _____ Church _____

Name of Weekday School _____

Allergies and/or Medications _____

Child's First Name _____ **Last Name** _____ **MI** ____ **Nickname** _____

Date of Birth _____ M ____ F ____ Grade _____

Baptized: Yes _____ No _____ Church _____

Name of Weekday School _____

Allergies and/or Medications _____

Parent(s)' Name(s) _____

Address _____

City _____ State _____ Zip _____

Home telephone _____ Daytime telephone(s) _____

E-mail address(s) _____

Emergency Contact Name _____ Phone _____

Please check if you give permission for your child to:

- Have his/her picture taken as part of the program (not for publication)
- Leave the First Church buildings for a school function (you will be notified in advance)
- Have diaper changed by nursery volunteers

Signature _____ Relationship to student _____ Date _____

OFFICE USE ONLY

Date rec'd _____ Letter Sent Entered