



2009-2010 REGISTRATION

Sunday Morning Classes



Last Name _____ Mother/Female Guardian _____

Father/Male Guardian _____ Home Phone _____

Address _____ Town _____ Zip _____

Church Relationship (circle one): VBCC Regular Attender / Other Church

Family Email _____ Discipline Concerns _____

As a parent, I am interested in having more information on getting involved in the following ways:

- Sunday Teacher
- Sunday Substitute
- Sunday Nursery
- Puppet Ministry
- Behind the Scenes Ministry
- Helper in my child's class
- Kids' Choir
- Office Volunteer

1. Child's Name _____ Birthdate _____ Grade _____ Gender _____ Age _____

Allergies/Medical Concerns _____

2. Child's Name _____ Birthdate _____ Grade _____ Gender _____ Age _____

Allergies/Medical Concerns _____

3. Child's Name _____ Birthdate _____ Grade _____ Gender _____ Age _____

Allergies/Medical Concerns _____

4. Child's Name _____ Birthdate _____ Grade _____ Gender _____ Age _____

Allergies/Medical Concerns _____

5. Child's Name _____ Birthdate _____ Grade _____ Gender _____ Age _____

Allergies/Medical Concerns _____

Please Read & Circle One:

I do / do not give VBCC permission to use photos of my child(ren) in newsletters, bulletin boards, brochures and/or other church publications.

**Please return this completed form to: Valley Brook Community Church, PO Box 567, Granby, CT 06035
or return to the Children's Ministry table in the lobby on Sunday morning**