

**Pilgrim Congregational Church, UCC**  
**27 Church Street**  
**Merrimac, MA 01860**  
**(978) 346-8400**

**CHURCH SCHOOL REGISTRATION**  
**SCHOOL YEAR: 2005/2006**

**STUDENT INFORMATION:** (Please fill out a separate form for each registering child)

_____	_____	_____	_____
last name	first name	middle name	
_____	_____	_____	_____
family last name if different	date of birth	grade	baptized? (yes / no)

Address: \_\_\_\_\_

street	city	state	zip code
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Telephone: \_\_\_\_\_

Please note if unlisted

**PARENTS' INFORMATION:**

_____	<input type="checkbox"/> stepparent	<input type="checkbox"/> guardian
Father		
_____	<input type="checkbox"/> stepparent	<input type="checkbox"/> guardian
Mother		

Who, other than yourself, might bring this child to Sunday School?

\_\_\_\_\_

\_\_\_\_\_ Name / Relationship

Any health conditions or concerns that we should be aware of? (*Epilepsy, Asthma, Allergies, etc.*)

\_\_\_\_\_

Please list any medications that your child takes for his/her health condition?

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