BROOKSIDE Congregational Church

Registration Form for Faith Formation Programs, Rotation Workshops and Nursery 2016-17

Please Return to Church Office or to Fran Hakenson

Parents' Names: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Email Address: _____

____Please check if you do not want your child's image shared on the Brookside website.

Signature:_____

Child's Name: _____
First Middle Last

Date of Birth: _____ Age as of 9/1/2016: _____

School: _____ Grade: _____

Allergies (especially food), Medical or other concerns

Child's Name: _____
First Middle Last

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Allergies (especially food), Medical or other concerns

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Rev. Dr. Marlayna Schmidt, Interim Pastor pastor@brooksidecc.org