

**First Church of Christ, Old North Church**  
**2018-2019 Confirmation Registration Form with Media Release**  
**Grades 7 and 8**

**Parent or Guardian Name(s)** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Home phone** \_\_\_\_\_

**Parent 1 cell phone** \_\_\_\_\_ **Parent 2 cell phone** \_\_\_\_\_

**Parent 1 email:** \_\_\_\_\_ **Parent 2 email** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Has child been baptized?** Yes    No    **If Yes, where & when:** \_\_\_\_\_

**Age as of September** \_\_\_\_\_ **Grade as of September** \_\_\_\_\_

**Please describe any special needs including allergies, health issues, regular medications or release restrictions:**  
\_\_\_\_\_  
\_\_\_\_\_

Please note: **For additional children, please see back of form.**

**MEDIA RELEASE:** I give permission for photos/writings of my child/children to appear in promotional materials and news articles for First Church of Christ in Marblehead (Old North Church), UCC according to my preferences below. I acknowledge that my child's/children's work and/or photo may be posted within the church buildings or included in church mailings unless I provide a written request to the contrary.

The First Church of Christ in Marblehead (Old North Church), UCC has my permission to use my child's/children's photos/writings for (check all that apply)

- Newspaper articles (circle) with / without name attached.
- Church website/ Facebook Page (no individual names will appear in picture captions)
- Online articles written for or used by the Massachusetts Conference of the United Church of Christ website (no individual names will appear in the picture caption)
- Signage posted on property other than Old North Church (i.e. flyer for a church event posted in a store window).

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**Parent's signature**

**Date**

**\$35 suggested donation per family is suggested to cover cost of supplies.**

**Please make checks payable to "Old North Church".**

\_\_\_\_\_ cash \_\_\_\_\_ check

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**For families with more than one child:**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age as of September \_\_\_\_\_

Grade as of September \_\_\_\_\_

Please describe any special needs including allergies, health issues, regular medications or release restrictions:

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age as of September \_\_\_\_\_

Grade as of September \_\_\_\_\_

Please describe any special needs including allergies, health issues, regular medications or release restrictions:

\_\_\_\_\_

\_\_\_\_\_