

**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).

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: _____	