

First Church of Christ, Old North Church
2017-2018 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

\$30 registration fee per family is required. 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:
