

FIRST PARISH CHURCH IN WESTON

Church School Registration

Welcome to our children's spiritual exploration & religious education program! We ask families to register for each new church year, regardless of whether you have registered in prior years.

Please be assured that this information will be kept in the strictest confidence, and will ONLY be used for First Parish programs and activities. Pertinent information will be shared with teachers & volunteers (e.g., a child's allergies or learning needs), but other personal details will not be shared publicly.

If you have any questions/concerns, please email Rev. Sarah Napoline at Families@FirstParishWeston.org, or call the church office at 781-893-7798.

SCAN HERE



to fill out your registration online

FAMILY INFORMATION

PRIMARY PARENT/GUARDIAN

First Name Last Name

Pronouns

Relationship to Children

Parent

Step-parent or Co-parent

Grandparent

Aunt/Uncle/Extended Family

Other (please explain further) _____

Address

City/State/Zip

Cell Phone Email

* SPACE PROVIDED ON REVERSE FOR ADDITIONAL PARENTS/GUARDIANS

Are there any family dynamics that would be helpful to know?

e.g., the pending arrival of a new sibling, the death of a beloved pet, parents' marital status/custody status, etc.

PARENT/CAREGIVER #2

First Name Last Name

Pronouns

Relationship to Children

- Parent Step-parent or Co-parent
 Grandparent Aunt/Uncle/Extended Family
 Other (*please explain further*) _____

Address

City/State/Zip

Cell Phone Email

PARENT/CAREGIVER #3

First Name Last Name

Pronouns

Relationship to Children

- Parent Step-parent or Co-parent
 Grandparent Aunt/Uncle/Extended Family
 Other (*please explain further*) _____

Address

City/State/Zip

Cell Phone Email

EMERGENCY CONTACT

First Name Last Name

Relationship to Children (*e.g., friend, neighbor, grandparent, extended family*)

Cell Phone Email

CHILD #1

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19.
- This child is too young to be vaccinated
- I will contact Sarah to discuss a medical exemption.

Is there anything else that would be helpful for us to know about your child?

CHILD #2

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19.
- This child is too young to be vaccinated
- I will contact Sarah to discuss a medical exemption.

Is there anything else that would be helpful for us to know about your child?

CHILD #3

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- | | |
|--|---|
| <input type="checkbox"/> This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19. | |
| <input type="checkbox"/> This child is too young to be vaccinated | <input type="checkbox"/> I will contact Sarah to discuss a medical exemption. |

Is there anything else that would be helpful for us to know about your child?

CHILD #4

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19.
- This child is too young to be vaccinated
- I will contact Sarah to discuss a medical exemption.

Is there anything else that would be helpful for us to know about your child?

CHILD #5

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- | | |
|--|---|
| <input type="checkbox"/> This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19. | |
| <input type="checkbox"/> This child is too young to be vaccinated | <input type="checkbox"/> I will contact Sarah to discuss a medical exemption. |

Is there anything else that would be helpful for us to know about your child?

CHILD #6

First Name	<input type="text"/>	Last Name	<input type="text"/>
Preferred/ Nickname	<input type="text"/>	Pronouns	<input type="text"/>
Birthdate	<input type="text"/>		

Grade

<input type="checkbox"/> Nursery	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh	<input type="checkbox"/> Tenth
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth	<input type="checkbox"/> Eleventh
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth	<input type="checkbox"/> Ninth	<input type="checkbox"/> Twelfth

For Middle/High School Youth (optional)

Student Cell Phone	<input type="text"/>	Student Email	<input type="text"/>
-----------------------	----------------------	------------------	----------------------

Does this Child/Youth need specific accommodations or support to help them have a positive experience?

This may include things like:

- food or environmental allergies (e.g., peanuts, shellfish, bees, latex)
- relevant medical conditions (e.g., asthma, diabetes)
- mental health conditions (e.g., depression, anxiety)
- neurodivergence (e.g., Autism, ADD/ADHD)

Allergies or Medical Concerns:

Vaccination Status

- | | |
|--|---|
| <input type="checkbox"/> This child is fully vaccinated according to current Massachusetts School Immunization Requirements, and is fully vaccinated against Covid-19. | |
| <input type="checkbox"/> This child is too young to be vaccinated | <input type="checkbox"/> I will contact Sarah to discuss a medical exemption. |

Is there anything else that would be helpful for us to know about your child?

Field Trip Permissions

I will receive prior notification of each specific trip, including date, time, chaperones, etc. I understand that parents and/or teachers will accompany every group and arrange for transportation.

I understand that all reasonable safety precautions will be taken by the leaders of our activities, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First Parish Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the child(ren)/youth listed on this form.

I am aware that efforts will be made to contact me, through home/emergency telephone numbers, in case of illness or accident involving my child(ren). However, if it is necessary for a physician/nurse to attend to my child(ren) before I can be reached, I authorize such emergency medical attention as needed at my expense.

I am aware that The First Parish Church in Weston has insurance providing protection in a variety of circumstances, and that a copy of the policy is kept in the Church Office should I wish to see it.

In accordance with these terms, I give permission for my children to attend all scheduled First Parish field trips unless otherwise specified.

Yes No

Photo/Video Permissions

I understand that First Parish Church may take and use photographs of my child(ren)/youth to help publicize our programs. I do not expect any compensation for the use of any images.

I understand that granting photo/video permissions allows the church to take photos/videos of students at First Parish Church events and publish those photos with name identification internally (e.g., via our Parish Post or digital display screens). I understand that students' names, addresses, phone numbers, etc. will NOT be published externally (e.g., via The Weston Town Crier, on Facebook, or on our website) in connection to a photo/video without prior notification and permission.

In accordance with these terms, I give permission for First Parish to take photos/videos of my child(ren) at events and use those photos for publication.

Yes No

Youth Contact Permissions

(As our youth and young adults mature, they become more autonomous and independent, and the best ways to contact them change appropriately. First Parish wishes to be forthright with parents about contacting their children, and transparent about the permission thereof.)

I have provided the email address and/or phone number for my Middle/High School Youth voluntarily. I understand that my child may have independently connected with First Parish Church in Weston Staff and Youth Advisors via social media or phone. I understand that First Parish Church in Weston Staff and Youth Advisors will protect my child's privacy and safety to the best of their abilities. I understand that if I have any concerns about these methods of contact at any time, it is my responsibility to speak directly with Sarah or Jeff.

In accordance with these terms, I give First Parish Church in Weston Staff and Youth Advisors permission to directly contact Middle and High School Youth via text, email, or social media regarding Youth Group activities of the church.

Yes No

Legal Consent to Participate

I am a legal parent/guardian of the child(ren) listed on this form. I affirm that the information provided is current, complete, and accurate to the best of my knowledge. I agree that my child(ren)'s participation in First Parish Church in Weston Religious Education programs is purely voluntary.

I understand and agree to these conditions, and give consent for my child(ren) to participate in childcare and Religious Education activities at First Parish Church in Weston.

SIGNATURE

Print Name

VOLUNTEERING & COMMENTS

As our church school keeps growing, so does our need for volunteers! There are many ways to support our children's program – substitute teaching or assisting on a Sunday morning, helping with one-off special events, or giving behind-the-scenes assistance.

Please visit the link below to fill out the form and let us know how you can support children's programs at First Parish!

www.FirstParishWeston.org/Children/Volunteer



Final Thoughts

Do you have any other comments, requests, or feedback about children's and family programs at First Parish?

QUESTIONS?

Rev. Sarah Napoline

Assistant Minister

Families & Community Outreach

SarahNapoline@FirstParishWeston.org

781-893-7798, ext. 102

