Student Name

Address

Street

Town Zip

Home Phone

Father’s Name

Work Phone Cell Phone

Mother’s Name

Work Phone Cell Phone

I give permission for my child to participate in all meetings

and outings/events with the Confirmation Class at The United Church of Rowayton, Inc from

October 2024-May 2025.

Does your child have any allergies or medical needs that need to be addressed? If yes, please indicate:

Physician Phone

In case of emergency and I cannot be reached, you can contact:

Name Phone Relationship

Name Phone Relationship

If I sign on an email, I understand that by signing the Electronic Signature that it is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Parent/Guardian Signature Date