

FIRST CONGREGATIONAL CHURCH

UNITED CHURCH OF CHRIST

461 Pierson Street, Crystal Lake, Illinois 60014
Phone and Fax (815) 459-6010
E-mail: office@fcc-cl.org
Web site: http://fcc-cl.org



2009-2010 Child/Youth Registration/Permission Form

Date Received _____ by _____
Copies Made: Yes No

Student Name: _____ Home# _____ Cell# _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M ___ F ___ Birthday: ___/___/___ Grade Level (Fall 2009): _____ School: _____

Preferred E-mail Address: _____ (will be kept confidential)

Service Usually Attended: 9:00 ___ 10:45 ___ Varies ___ FCC Member ___ Visitor ___

We have Buddies available for any child who needs extra support. If you would like more information, please check here, and you will be contacted by a B-Team leader. _____

Please check all Activities your Child/Youth will participate in this year:

<u>Programs</u>	<u>Choirs</u>
___ Nursery (0-2 years)	___ Infant/Toddler
___ Sunday School (preschool - 7 th grade) (Please note that children are placed based on their age as of 9-1-09 as in school; they will remain in the same class for the full Sunday School year.)	___ Pre-School (3-preK)
___ Vacation Bible School ___ JF (6 th , 7 th , 8 th)	___ Melody Makers (K-1 st)
___ Confirmation (8 th grade) ___ PF (9 th - 12 th)	___ Cherub Choir (2 nd - 3 rd)
___ Our Whole Lives (7 th - 9 th grades)	___ Carol Choir (4 th - 5 th)
	___ Chancel Choir(6 th -8 th)
	___ Alleluia Sound (HS)
	___ Rookie Bell (5 th -6 th)
	___ Gloria Dei Bells(7 th - 8 th)
	___ Good Vibrations Bell(HS)

A program registration or activity fee may apply for various programs or choirs.

Please List All Other Siblings

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

As parents, we know that it takes volunteers to support our children's activities. I will volunteer to help with the following:

- | | |
|--|----------------|
| ___ Teach/Assist Sunday School | ___ Open House |
| ___ Nursery Care | ___ Summer |
| ___ Clean SS rooms/Nursery | ___ Storytime |
| ___ Seasonal Decorating | ___ Christmas |
| ___ Office/Library/Craft related tasks | ___ Service |

Mother's Information

Name _____

Spouse (if different than father) _____

Address _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

E-mail: _____

Father's Information

Name _____

Spouse(if different than mother) _____

Address _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

Email: _____

OVER

PERMISSION AND MEDICAL RELEASE

Child/Youth Name: _____

INSURANCE INFORMATION:

Provider _____ Group # _____

Name of Insured _____ ID# _____

EMERGENCY CONTACT INFORMATION:

In the event of an emergency, we will make every attempt to contact a parent. Please provide names of two people to contact if a parent cannot be reached. (Be sure to list the names of people who usually know your whereabouts.)

Contact #1 _____ Relation to student _____

Day phone _____ Evening phone _____

Contact #2 _____ Relation to student _____

Day phone _____ Evening phone _____

MEDICAL INFORMATION:

Physician name _____ Phone # _____

Student's medical condition(s) or significant health history _____

Current medication(s) and dosage _____

Physical or diet restrictions _____

Allergies (food, medications, bee stings, etc.) _____

PARENT RELEASES

1. Medical Treatment: *I hereby authorize the staff or parent volunteers of First Congregational Church to obtain medical treatment for my child in the event of an emergency. I release First Congregational Church, their employees, and volunteers from any claim of liability in connection therewith. _____ initial*

2. Events / Activities: *I grant permission for my child to attend on-site & off-site events and activities of the First Congregational Church program in which he/she is enrolled. I will be notified in advance of such activities. _____ initial*

3. Publicity: *I grant permission for my child to be included in First Congregational Church directories and promotional materials which may include pictures and/or recordings on the FCC website www.fcccrystallake.org and/or in newspapers. _____ initial*

Signed _____

Date _____