



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

2011-2012 Child/Youth Registration/Permission Form

Date Received _____ by _____
Copies Made: Yes No

Student Name: _____ Home# _____ Student's Cell# _____

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

Sex: M ___ F ___ Birthday: ___/___/___ Grade Level (Fall 2011): _____ School: _____

Preferred E-mail Address: _____

This address will receive email related to programs at FCC. You may "opt-out" at any time. We do not share our membership list.

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>
<input type="checkbox"/> Nursery (0-2 years) <input type="checkbox"/> Sunday School (Toddlers - 7 th grade) (Please note: children are placed based on their age as of 9/1/2011. As in school; they will remain in the same class for the full Sunday School year. <input type="checkbox"/> Vacation Bible School <input type="checkbox"/> JF (6 th - 8 th) <input type="checkbox"/> Confirmation (8 th) <input type="checkbox"/> PF (9 th - 12 th) <input type="checkbox"/> Our Whole Lives (10 th -12 th)	<input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Chime Choir (4 th) <input type="checkbox"/> Pre-School (3-preK) <input type="checkbox"/> Rookie Bells (5 th -6 th) <input type="checkbox"/> Melody Makers (K-1 st) <input type="checkbox"/> Gloria Dei Bells(7 th -8 th) <input type="checkbox"/> Cherub Choir (2 nd - 3 rd) <input type="checkbox"/> Good Vibrations (9 th -12 th) <input type="checkbox"/> Carol Choir (4 th - 5 th) <input type="checkbox"/> Chancel Choir(6 th -8 th) <input type="checkbox"/> Alleluia Sound (9 th -12 th)

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:

<input type="checkbox"/> Teach/Assist Sunday School	<input type="checkbox"/> Open House
<input type="checkbox"/> Nursery Care	<input type="checkbox"/> Summer
<input type="checkbox"/> Clean SS rooms/Nursery	<input type="checkbox"/> Storytime
<input type="checkbox"/> Seasonal Decorating	<input type="checkbox"/> Christmas Eve
<input type="checkbox"/> Office/Library/Craft related tasks	<input type="checkbox"/> 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: _____

E-mail: _____

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 _____	Contact #2 _____
Relation to student _____	Relation to student _____
Home phone _____	Home phone _____
Cell phone _____	Cell phone _____

MEDICAL INFORMATION:

Physician's 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.fccrystallake.org and/or in newspapers.*

_____ **initial**

Signed _____ Date _____