



# First Congregational Church of Dundee

UNITED CHURCH OF CHRIST

900 South Eighth Street, West Dundee, Illinois 60118-2136

Phone: 847.426.2161 Fax: 847.807.4951

Website: [www.fccdundee.com](http://www.fccdundee.com)

E-mail: [info@fccdundee.com](mailto:info@fccdundee.com)

## 2017-2018 Child/Youth Registration/ Permission Form

Date Received \_\_\_\_\_ by \_\_\_\_\_ (office use only)

Child/Youth Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Child/Youth E-mail Address: \_\_\_\_\_ (kept confidential)

Preferred Parent E-mail Address: \_\_\_\_\_ (kept confidential)

FCC: Member \_\_\_ Visitor \_\_\_ Service Usually Attended: 8:15 am \_\_\_ 10:00 am \_\_\_ Varies \_\_\_

Does your child require any considerations? No \_\_\_ Yes \_\_\_ (If yes, a program leader will contact you.)

### Check ALL Activities that your Child/Youth will Participate In

#### Programs

- \_\_\_ Nursery
- \_\_\_ Sunday School (Grades Preschool-5)
- \_\_\_ Vacation Bible School
- \_\_\_ Middle School Youth Group
- \_\_\_ Confirmation (Grade 8)
- \_\_\_ High School Youth Group

#### Choirs

- \_\_\_ Chime Choir (Grades K-3)
- \_\_\_ Melody Singers (Grades K-3 Vocal)
- \_\_\_ Joy Ringers (Grades 4-8 Bell)
- \_\_\_ Harmony Singers (Grades 4-8 Vocal)
- \_\_\_ High School Singers (Grades 9-12 Vocal)
- \_\_\_ FCC Ringers (Grades 9-12 Bell)

#### List Other Siblings

Name: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_ Age: \_\_\_

#### Parent or Legal Guardian Information

Mother or Legal Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers and E-mail

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father or Second Legal Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers and E-mail

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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# Permission and Medical Release

Child/Youth Name: \_\_\_\_\_

## Insurance Information *(all fields required)*

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.

*(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 of Child/Youth

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 of Dundee to obtain medical treatment for my child in the event of an emergency. I release First Congregational Church of Dundee, their employees and volunteers from any claim of liability in connection therewith.*

\_\_\_\_\_ **initial**

**2. Events and Activities:** *I grant permission for my child to attend on-site and off-site events and activities of the First Congregational Church of Dundee 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 of Dundee directories and promotional materials which may include pictures and/or recordings on the FCC of Dundee Website, [www.fccdundee.com](http://www.fccdundee.com), and/or in newspapers.*

\_\_\_\_\_ **initial**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_