

**First Church of Christ (Congregational) UCC**  
2011-2012 Faith Formation Registration Form

**Student Information**

First Name:

Last Name:

Nickname:

Date of Birth:

Grade in September 2011:

Health Concerns or Food Allergies we should be aware of:

Special Interests (e.g. Singing, Sports, Drama, etc.) :

**Family Information**

Parent/Guardian 1:

First Name:

Last Name:

Street/P.O. Box:

City, State, and Zip:

Family Email Address:

Home Phone:

Cell Phone:

Parent/Guardian 2: ( Address is the same as Parent/Guardian 1)

First Name:

Last Name:

Street/P.O. Box:

City, State, and Zip:

Family Email Address:

Home Phone:

Cell Phone:

**Photo Release (Please check one)**

I give permission to First Church of Christ (Congregational) UCC for photos of my child to be used on the congregation's website or in printed materials (names will never be used with pictures).

I do not want photos of my child to be used in any way.

**Emergency Medical Care Consent**

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a First Church of Christ (Congregational) UCC staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in activities connected with First Church's Faith Formation programs when I am unavailable to give such consent. This authorization shall be effective from September, 2011 until June, 2012.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_