

**KIDS FOR CHRIST AFTER-SCHOOL PROGRAM
FIRST CHRISTIAN CHURCH
REGISTRATION SHEET**

NAME _____

GRADE IN SCHOOL _____

BIRTH DATE _____

ADDRESS/CITY/STATE/ZIP _____

PARENTS NAME _____

(First & Last, if different from child's name)

PHONE _____

HOW WILL YOUR CHILD BE GETTING HOME? (Please check one)

Parent will pick up Will need bus ride home Other (please specify) _____

DOES YOUR FAMILY ATTEND SUNDAY WORSHIP SERVICES? Yes No

IF YES, WHERE? _____

MEDICAL INFORMATION

Allergies _____

Medication being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____

Policy Number _____ Member's name _____

PERMISSION

I give my permission for my child(ren) to participate in the Youth Group meetings at First Christian Church in Villa Grove. I also give permission for my child to be transported from school to the church in the church van, driven by a qualified driver. If necessary, my child may also be transported home following the meeting, only when circumstances dictate that I cannot pick up him/her myself.

In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any needed medical treatment either at a doctor's office or a hospital. I expect to be contacted as soon as possible.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

IF UNABLE TO REACH ME, PLEASE CONTACT _____

PHONE _____

****NOTE: If there is any other important information about your child that we should know about, please write this on the back of this sheet. Thank You!**