

The First Congregational Church of Darien

Christian Education Programs: Family Registration Form 2015-16

I. Family Information (include all parent e-mails you wish included on distribution lists)

Name: Last	First	E-mail
Name: Last	First	E-mail
Address: Street	City/State	Zip Code
Home Phone	Cell Phone	Cell Phone
Member of this church since: _____ OR Friend of this church since: _____		

II. Children

Name: Last	First	Birthday
Grade 2015-16	Cell Phone	E-mail

Please list any allergies or special needs we should be aware of.

This child will participate in (check all that apply):

- Church School
 Junior Choir
 Confirmation
 Youth Group
 Teen Nursery Helper

Name: Last	First	Birthday
Grade 2015-16	Cell Phone	E-mail

Please list any allergies or special needs we should be aware of.

This child will participate in (check all that apply):

- Church School
 Junior Choir
 Confirmation
 Youth Group
 Teen Nursery Helper

Name: Last	First	Birthday
Grade 2015-16	Cell Phone	E-mail

Please list any allergies or special needs we should be aware of.

This child will participate in (check all that apply):

- Church School
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Name: Last	First	Birthday
Grade 2015-16	Cell Phone	E-mail

Please list any allergies or special needs we should be aware of.

This child will participate in (check all that apply):

- Church School
 Junior Choir
 Confirmation
 Youth Group
 Teen Nursery Helper

Please list any children currently in college (include name, college, and year of graduation):

III. Photo Permission

From time to time, pictures are taken and used in Parish Columns, the FCC website, presentation materials, and in the newspaper. If you do not wish to have your child/children's picture used in this way, please check NO. If it is acceptable to use your child/children's picture in this manner, please check YES and sign below.

- Yes
 No
Parent Signature: _____

IV. For Youth Group Members: Liability and Emergency Release

I hereby give permission for my child/children listed above to participate in the 2015-16 Youth Group activities and events. In consideration of permitting my son/daughter to participate in these events, I hereby agree to indemnify and hold the First Congregational Church of Darien, CT, and the employees and agents harmless from any and all liability as a result of my child being injured. I acknowledge that my child may travel by car and assume all risks in connection herewith.

Parent(s) Name: *(please print)* _____

Signed: _____ Date: _____

V. For Youth Group Members: Medical Release Information

In the event I/we cannot be reached during a medical emergency or following any accident I authorize the staff of the First Congregational Church of Darien to act in my/our behalf in carrying out the best treatment possible in consultation with my child's attending, Board Certified and licensed physician at an accredited medical facility.

Signed: _____ Date: _____

Physician's Name: _____ Phone: _____

VI. For Youth Group Members: Emergency Contact Information

In the event I/we cannot be reached during a Youth Group activity or meeting, please contact.

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____