

# FIRST CHURCH OF LOMBARD, UNITED CHURCH OF CHRIST

220 S. MAIN STREET, LOMBARD, ILLINOIS 60148

EMAIL FORMS TO VSUTTON@FIRSTCHURCHOFLOMBARD.ORG

## CHRISTIAN FORMATION/YOUTH PROGRAM REGISTRATION

### FAMILY INFORMATION

Parent/Guardian 1: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Town Zip

Emergency Contacts (Parents/guardians listed above will be contacted first)

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

### Medical Insurance Information

Company \_\_\_\_\_ Account/Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_ Physician Address \_\_\_\_\_

Affiliated/Preferred Hospitals \_\_\_\_\_

### STUDENT INFORMATION

Child 1: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 1 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

Child 2: \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 2 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**See Page 2 to register additional children or to give additional information.**

The undersigned parent or legal guardian of all minors listed above or on Page 2 of this form gives permission for said minor(s) to participate in regularly scheduled First Church of Lombard (FCOL) Christian Formation and Youth Programs and assumes all responsibility for any injuries to participant(s) and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all teachers and leaders supervising the classes or related activities, against any and all direct or indirect claims and damages whatsoever in connection with this program. Further, the undersigned grants permission to First Church of Lombard to arrange for any emergency medical/dental care and treatment necessary to preserve the health of my child(ren) if I or another other listed emergency contact cannot be reached. I authorize the rendering of care by members of the medical community as deemed necessary in their professional judgment.

Finally, I understand that participants may be photographed or videotaped while engaged in these activities and that First Church of Lombard may want to publish these images in print or online media. I know that children will never be identified by name or with any other personal identifiers. Therefore:

- CHECK ONE**
- I grant permission to FCL to use any photo or video that includes my child(ren).
  - I only grant permission for FCL to use a photo or video that includes my child(ren) if it is a group photo.
  - Photos and videos of my child(ren) may not be published in any media.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# CHRISTIAN FORMATION/YOUTH PROGRAM REGISTRATION

## ADDITIONAL STUDENT INFORMATION

**Child 3:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 3 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**Child 4:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 4 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**Child 5:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 5 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**Child 6:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 6 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**Child 7:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 7 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

**Child 8:** \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ This Year's School Grade \_\_\_\_\_

School/District \_\_\_\_\_

Child 8 Allergies/Medical/Other Information

\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_