

First Congregational Church, Montclair NJ

Registration form - 2014/2015 Christian Education Program

The FCC Children & Youth Ministry provides children and youth with a place of sanctuary and affirmation, by honoring their truest selves and God's good creation. We are a ministry grounded in progressive Christian theology, committed to promoting social justice. We provide children, youth and their families with the spiritual, social and emotional tools and support they need to navigate their own faith journeys.

Please include on this form ALL children/youth ages 0-18 who will be participating in Nursery Care, Sunday School, Youth Group, Special Events or any other FCC children/youth program.

I. Youth/Children Information *(This information will be listed on the back of your child's name tag)*

Last Name: _____ First Name: _____ Preferred Name: _____ Age: _____ Birth Date: ____/____/____ Grade: _____ Gender: _____ Special Needs or Physical Limitations: _____ _____ Allergies: _____ Additional Comments: _____ _____	Last Name: _____ First Name: _____ Preferred Name: _____ Age: _____ Birth Date: ____/____/____ Grade: _____ Gender: _____ Special Needs or Physical Limitations: _____ _____ Allergies: _____ Additional Comments: _____ _____
Last Name: _____ First Name: _____ Preferred Name: _____ Age: _____ Birth Date: ____/____/____ Grade: _____ Gender: _____ Special Needs or Physical Limitations: _____ _____ Allergies: _____ Additional Comments: _____ _____	Last Name: _____ First Name: _____ Preferred Name: _____ Age: _____ Birth Date: ____/____/____ Grade: _____ Gender: _____ Special Needs or Physical Limitations: _____ _____ Allergies: _____ Additional Comments: _____ _____

(Please attach an additional registration form for additional children/youth)

II. Parent(s)/Guardian(s) Information

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email address: _____

Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email address: _____

(Please attach an additional registration for for additional Parent(s)/Guardian(s))

III. Emergency Contact and Release

Emergency Contacts: *(other than parents)*

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Release:

All listed parents will be allowed to pick up listed children/youth unless otherwise designated below.

(Please use first and last names in this section.)

In addition to parent(s)/guardians(s), who is authorized to pick up your child? _____

Is there anyone who is precluded from picking up your child? _____

IV. Photo Release *(please mark only ONE)*

I agree that my child/youth's *(all listed on registration form)* photographs can be used in FCC publications including print and electronic media.

I do NOT release my child/youth's *(all listed on registration form)* photographs for use in FCC publications including print and electronic media.

V. Parent(s)/Guardian(s) Signature

Printed Name: _____ Signature: _____

Date: ____/____/____

Printed Name: _____ Signature: _____

Date: ____/____/____