



THE CITY OF GOD

First Congregational Church  
CHRISTIAN EDUCATION  
2011-2012 REGISTRATION FORM  
Infant Through 12th Grade

(PLEASE PRINT)

FAMILY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

E-MAIL ADDRESS FOR FAMILY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

CELL PHONE \_\_\_\_\_

TALENTS/HOBBIES/SKILLS TO SHARE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

CELL PHONE \_\_\_\_\_

TALENTS/HOBBIES/SKILLS TO SHARE \_\_\_\_\_

CHILDREN'S NAMES	Age	Birthdate	Grade Level & School
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

List any medical, dietary, or family information that the Teachers should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission that any photographic pictures and videos taken of my child(ren) during FCC Christian Education Activities :

- Can be used in church publications
- Can be used on our website.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

THE FIRST CONGREGATIONAL CHURCH

608 E. William  
Ann Arbor MI 48104

General Permission Form

I give my permission for my child/children (please print all children's names below),

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

to be a part of The First Congregational Church Christian Education program for the 2011-2012 school year. This includes Sunday Church School, Junior High Youth Group activities, and Senior High Youth Group activities. At various times during the year groups will participate in activities away from the church building. These activities include but are not limited to: movies, caroling, laser tag, and retreats. These activities may require your son/daughter to be transported by an adult advisor. Please complete and sign the following form to serve as the permission slip for all activities near the church building (within 60 miles), and having your child ride with one of the advisors.

Individual permission slips will be required and distributed for distances greater than 60 miles, and for overnights at the church and overnight trips.

By signing this form you assume the entire responsibility and liability for losses, expenses, damages, demands and claims based on any sustained or alleged to have been sustained by the First Congregational Church, its agents, servants and employees from any and all such losses, expenses, damages, demands and claims.

Parent/Guardian Name (please print)

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you are not available in an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_