



CROSSROADS JUNIOR HIGH

Spring 2018

First Christian Church
201 S. Main St.
Paris, IL 61944
217-466-3255

Child's Name	Birth Date	Grade

SCHOOL ATTENDING (circle one)

CRESTWOOD

MAYO

_____ I give permission for my child to be picked up by the FCC bus.

_____ I give permission for my child to be transported by the FCC bus to special events when given advanced notice.

parent signature

date

(If the answer is "no" and you would prefer to provide your own transportation, children CANNOT be dropped off before 3:30)

Parent's Name _____

Address _____

Email _____

Home # _____ Cell # _____ Do you text? yes no (circle one)

Emergency Contact (name/relationship) _____

Emergency contact phone # _____

Ministry Donation	Amount Received
\$25 per Semester	

Additional Information: (ie. schedule, diet, allergies, medications, special needs)

List any possible sports/activity/family conflicts: (by name &/or date)

