



GOD'S GANG

REGISTRATION

Kindergarten – 5th Grade

Spring 2018

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

Child's Name	Birth Date	Grade
SHIRT SIZE (circle one): S(6/8) M(10/12) L(14/16) XL(18/20)		
SCHOOL ATTENDING (circle one) MEMORIAL WENZ CRESTWOOD ST. MARY'S		
_____ I GIVE PERMISSION FOR MY CHILD TO BE <u>PICKED BY THE FCC BUS.</u>		
_____ I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY THE FCC BUS TO SPECIAL ACTIVITIES THAT I HAVE BEEN MADE AWARE OF IN ADVANCE.		
_____		_____
parent signature		date
(If the answer is "no" and you would prefer to provide your own transportation, children MAY NOT be dropped off before 3:30)		

Parent's Name _____
 Address _____
 Email _____
 Phone #s _____

***WOULD YOU BE WILLING TO RECEIVE TEXTS? YES NO**

Number to text: _____

***Emergency Contact (name/relationship)** _____ **Phone #** _____

Ministry Donation	Amount Received
\$30 per Semester (minimum \$10 if full amount is a hardship)	

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

Parent Participation: Parent(s)/guardian(s)/relatives are invited to volunteer at some time during this semester of "God's Gang." If you have a period of time that you could be a **substitute**, please let us know your availability and interest:

____ Homework Helper (2:30-3:45) ____ Bus Helper (2:30-3:30) ____ Table Parent(5:00-6:00) ____ Guide (3:30-5:15)

Medication Administration

I give permission for FCC staff to administer the following prescribed medication to my child, as ordered by their doctor:

Rx Name: _____ Dosage: _____ Time: _____

Parent Signature: _____