CROSSROADS
JUNIOR HIGH
Spring 2019

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** **OTHER:**_____

SHIRT SIZE (circle one): **YS(6/8)** **YM(10/12)** **YL(14/16)** **YXL(18/20)** **Adult S M L XL**

_____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**

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)
_____