GOD'S GANG

REGISTRATION

Kindergarten – 5th Grade

Spring 2019

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) Adult S M L XL**

SCHOOL ATTENDING(circle one) MEMORIAL WENZ CRESTWOOD ST. MARY'S

_____I GIVE PERMISSION FOR MY CHILD TO BE PICKED BY THE FCC BUS.

_____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 (circle # to be used for texts)**

***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)
____Table Parent Substitute (5:00-6:00)
____Bus Helper Substitute (2:30-3:30)
____Guide Substitute (3:30-5:15)