



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		
<p>_____ I give permission for my child to be picked up by the FCC bus.</p> <p>_____ I give permission for my child to be transported by the FCC bus to special events when given advanced notice.</p>		
_____	_____	_____
parent signature	date	

Parent's Name _____ **Email** _____
Address _____
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: (i.e. schedule, diet, allergies, medications, special needs)

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

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: _____