



GOD'S GANG

REGISTRATION

Kindergarten – 5th Grade

Fall 2023



| | | |
|--|------------|------------|
| Child's Name | Birth Date | Grade |
| <hr/> | | |
| 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 | | |
| <hr/> I GIVE PERMISSION FOR MY CHILD TO BE <u>PICKED BY THE FCC BUS.</u> | | |
| <hr/> 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. | | |
| <hr/> parent signature | | <hr/> 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: (i.e. 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 Substitute (2:30-3:30)

_____ Table Parent Substitute (5:00-6:00)

_____ Guide Substitute (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: _____