



GOD'S GANG

REGISTRATION

Kindergarten – 5th Grade



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 <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 (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: _____