

**FIRST CHURCH OF LOMBARD, UNITED CHURCH OF CHRIST
2006-2007 SUNDAY SCHOOL**

Registration Form

(One child per form, please)

Please circle the class you are registering for:

Nursery Preschool 3's Pre-K 4's K 1 2 3 4 5 6

PARTICIPANT/FAMILY INFORMATION

Name _____

Birthday _____

School & District _____

Address _____

E-Mail _____ Telephone _____

Father/Guardian _____ Mother/Guardian _____

Occupation _____ Occupation _____

Work Telephone _____ Work Telephone _____

Siblings (names & ages)

Permission & Release

The undersigned parent/guardian of the participant named above gives permission for that participant to participate in the First Church of Lombard 2006-2007 Sunday School Program, and assumes all responsibility for any injuries to that participant and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all teachers and leaders supervising the classes or related activities, against any and all direct or indirect claims and damages whatsoever in connection with this program. Further, the undersigned grants permission to Rev. Robert Hatfield and/or Emily Suarino, Children's Education Coordinator, or their designees to obtain any needed medical treatment for this participant.

Parent/Guardian Signature

(over)

Date

MEDICAL INFORMATION

Dr. Name _____ Dr. Phone Number _____

Known allergies _____

Diet restrictions _____

Other Restrictions/ Medications

INSURANCE INFORMATION:

Name of covered client _____

Insurance Company _____

Insurance Policy Number: _____ Verification Phone #: _____

COMMENTS:

Please use this space for any additional information that you feel would be helpful for us to know about your child as we work to make his/her Sunday School experience a nurturing and comfortable one...

