

**FIRST CHURCH OF LOMBARD, UNITED CHURCH OF CHRIST**

**2010-2011 SUNDAY SCHOOL**

**Nursery through Grade 6**

**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 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ School & District \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's E-mail \_\_\_\_\_ Mother's E-mail \_\_\_\_\_

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 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 or his designees to obtain any needed medical treatment for this participant.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(over)

**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...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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