



Living the Good News of God's Love for ALL

FIRST COMMUNION CLASS REGISTRATION FORM 2018

Student's Name: _____

Parent/Guardian Name(s): _____

Current Grade/School: _____ Birthdate: _____

Mailing Address: _____

City _____ Zip _____

Family Email (most used): (*primary communication*) _____

Home Phone _____

Adult #1 Cell Number _____ Adult #1 Email Address _____

Adult #2 Cell Number _____ Adult #2 Email Address _____

Adult #3 Cell Number _____ Adult #3 Email Address _____

FIRST COMMUNION CLASS REGISTRATION FEE

\$30 per child with a cap of \$80.00 per family. Scholarships are available. Please attach fee.

For more information about scholarships or to apply, please contact Pastor Stephanie Espinoza at Stephanie.E@crossofpeace.net

SOCIAL MEDIA

I/We understand photos may be taken during church activities which will be used in publicity materials such as: bulletin boards, E-newsletter, Sunday announcements or church Facebook page. Please see the complete Social Media Policy for details. I/We understand our child's Sunday School teacher may contact us via phone or email.

Signature of Parent/Guardian _____ Date _____

CODE OF CONDUCT/PARTICIPANT AGREEMENT

I understand that my child is to be on their best behavior. They must agree to follow the directions of their teacher, the church staff and the adult participants who are volunteers and they will have action taken in regard to their behavior. Should any problems arise concerning the behavior of my child during First Communion, I/We will be notified and I will be expected to come pick up my child(ren).

Signature of Parent/Guardian _____ Date _____

HEALTH INFORMATION

Any current health conditions we should be aware of? Yes No

If yes, please explain _____

Any known allergies _____

Allergies to medications/foods _____

Currently on any medications _____

Please carry proper medication/epi pen with you at all times and instructions for administering if required.

Prescriptions MUST be brought in their original container.

MEDICAL TREATMENT

I/We authorize treatment and/or hospitalization that is necessary in the case of an emergency, accident or illness of my child by a licensed physician. However, every attempt will be made to reach me by telephone prior to any treatment. Any medical expenses occurring will be borne by the parent(s) or guardian(s) of the participant.

Emergency contact in order:

Name _____ Home/Cell # _____

Name _____ Home/Cell # _____

Name _____ Home/Cell # _____

HEALTH INSURANCE INFORMATION (please print)

Insurance Company _____

Policy Number/Group ID Number _____

Clinic Name/Doctor Name/Phone # _____

Dentist Name/Phone # _____

Orthodontist Name/Phone # _____

RELEASE OF LIABILITY

I/We the parent(s) or legal guardian(s) of the above participant do hereby release Cross of Peace Lutheran Church, the Church staff, all sponsors and volunteers from any and all liability resulting from any physical injury, property damage or other injury or damage which occurs in connection with the above events.

Signature of Parent/Guardian _____ Date _____