

Confirmation Registration Form
First Congregational UCC, River Falls
2011/12

Student's full name: _____

Parent's name: _____

Address: _____

Home Phone: _____ cell phone: _____

Emergency contact: _____

Emergency phone number (or cell number): _____

Email addresses: _____
(for weekly update) _____

Program: Pre (6th gr) Yr 1 (7th gr), Yr 2 (8&9th gr) _____

Medical Information

Name of Insurance Company: _____

Group Number: _____ Policy Number: _____

Insurance Phone Number: _____

Allergies/Medical conditions: _____

Program Authorization

I give the above mentioned child my permission to participate in the Confirmation Program at First Congregational Church including any travel to and from events as necessary. I authorize the adult youth leaders to obtain emergency medical assistance for my child if necessary.

Parent's signature: _____