

Pre-Confirmation Registration Form
First Congregational UCC, River Falls
2009/10

Student's full name: _____

Parent's name: _____

Address: _____

Home Phone: _____ cell phone: _____

Emergency contact: _____

Emergency phone number (or cell number): _____

E-mail address: _____
(for weekly update) _____

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 Pre-Confirmation Program at First Congregation 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: _____