

ENROLLMENT FORM
UCC SUNDAY NIGHT CHILDREN'S FELLOWSHIP (CCF or JYF)
2009-2010 SCHOOL YEAR

- PLEASE NOTE: 1. This form **MUST** be in your child's file in the music office **BEFORE** your child may be admitted to CCF or JYF.
2. Please complete both sides of this form.

Child's Name: _____ Birth date : _____
Name Called: _____ Sex: M F Grade: _____
Child's Address: _____ City: _____ Zip: _____

Father's Name: _____ Occupation: _____
Home Address (if different): _____ Phone: _____
Cellular Phone: _____ Email Address: _____

Mother's Name: _____ Occupation: _____
Home Address (if different): _____ Phone: _____
Cellular Phone: _____ Email Address: _____

Child's Physician: _____ Phone: _____
Address: _____

List below three persons to be called in an emergency and approved to pick up your child (if parents are unavailable). Include carpool persons. WE WILL NOT RELEASE A CHILD TO ANYONE OTHER THAN THOSE LISTED.

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
2. Name: _____ Relationship: _____
Address: _____ Phone: _____
3. Name: _____ Relationship: _____
Address: _____ Phone: _____

DISMISSAL AUTHORIZATION FORM

For the safety of your children, please read and sign below:

Children in CCF (grades 1-3) and JYF (grades 4,5) must be picked up by a parent by 7:30 p.m. each Sunday evening. Please be prompt in picking up your child.

I agree to pick up my child, _____, from his/her Fellowship room.

Signed: _____ Check one: CCF ___ JYF ___

If there are any restrictions about who may pick up your child, please list the names of those individuals to whom the fellowship leader MAY NOT release your child:

PHOTO PERMISSION:

Check here if you do NOT wish UCC to use your child's photo for class or publication uses.

HEALTH HISTORY: (If answer is "yes," please explain)

Any allergies?

Any medication prescribed on a regular basis?

Are there any parent concerns?

PARENT'S AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or

accident for my child, _____, I hereby authorize the adult(s) in charge to take my child to:

(Name of Physician)

(Name of Hospital) (Name of another licensed physician)

In the event the above physicians cannot be reached, I authorize the adult(s) in charge to consent to medical treatment from the best available source.

(Today's Date) (Signature of Parent or Legal Guardian)