

The Congregational Church of Topsfield, UCC

9 East Common Street, Topsfield, MA 01983; Telephone: 978-887-2101

Medical Consent (page 1) & Sunday School, Faithworks, Activities Registration (page 2)

Name of Youth:		Birth Date:		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Primary Address of Youth:				Home Phone:	
Name(s) and Address (if different from above) of Adult(s) Responsible for Child While at Church :					
A)			B)		
A)Relationship to Youth _____ Cell Phone _____ email _____					
B)Relationship to Youth _____ Cell Phone _____ email _____					
Name of 1st Level Emergency Contact (parent or guardian):					
Relationship to Youth:			Cell Phone:		
Name of 2nd Level Emergency Contact (parent or guardian):					
Relationship to Youth:			Cell Phone:		
Name of 3rd Level Emergency Contact (parent or guardian):					
Relationship to Youth:			Cell Phone:		
Youth's Physician:			Phone Number:		
Insurance Carrier:			Policy Number:		
Name of Insured:			Date of Last Tetanus Shot:		
Allergies/Special Conditions:					
What else would you like to tell us about your child that would be important for us to know?					
** If your child/youth is going on a trip with the church, you must provide a physical signed by a doctor dated within the last 13 months** <input type="checkbox"/> Current Physical attached					
Is your child allowed to take his/her own medications? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>I give my child permission to administer his/her own medication(s). Signed: _____</i>					
Medication(s):			Dosage/Frequency:		
Notes/Comments:					
<p>I, the undersigned, parent/legal guardian of _____, do hereby consent to any medical treatment necessary in the case of an emergency.</p> <p>This consent will remain effective for one (1) year from the undersigned date. Delivered to said persons entrusted with the care, custody, and control of said minor child. I understand that is my responsibility to inform the Congregational Church of Topsfield for any changed to the information provided above. I also understand that any and all medical expenses incurred are my responsibility and that there is not a medical insurance coverage provided by the Congregational Church of Topsfield.</p>					
(Signature of parent/guardian) _____				(Date) _____	

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Registration for Sunday School, Confirmation, Faithworks and other Children and Youth Activities

Youth's Name: _____	In Fall of _____ : Entering Grade: _____
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Youth's Parents'/guardian's Relationship to the Church (Please check one):

Member
 Non-Member
 Prospective Members
 Activities Only; If you checked off this box ,

do you attend a different church? No Yes - Name of Church: _____

Youth's email Address (Optional): _____

It is our policy to send all Internet correspondence to the parents/guardian of a youth (or to the adult with whom the youth comes to church). If you would like your child also to receive updates and invites, please provide his/her email address. Parents/Guardians will still receive the email as well.

Registration - Our church software creates lists by specific events, so we really need your help in identifying ALL possible activities your children wish to participate in each year. By checking off an activity, you enroll your child in that specific program and ensure you will get updates and invitations for those particular activities.

<input type="checkbox"/> <u>Nursery Care:</u> Available for infants and children up to age 3.	<input type="checkbox"/> <u>Middle School Youth Group (MSYG):</u> Available for youth n grades 7 and 8.
<input type="checkbox"/> <u>Young Family Events/Playgroup:</u> Available for families with infants and children up to grade 1.	<input type="checkbox"/> <u>Faithworks:</u> High School youth group for young people in grades 9-12.
<input type="checkbox"/> <u>Sunday School:</u> Available for Preschool through grade 6.	<input type="checkbox"/> Confirmation
<input type="checkbox"/> <u>Upper Elementary Youth Group (UEYG)</u> Available for children in grades 4-6.	

Are you interested in having this child baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this child currently enrolled in Joyful Noises Preschool? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Volunteer opportunities of time and talent:

My child is interested in singing in a choir and/or plays an instrument _____

My child would like to be a reader.

Please contact me about volunteer opportunities in Sunday school/youth groups. Best time to call _____

What else would you like to tell us about your child that would be good for us to know?

Permission to Use Photographs

I grant: I do not grant:

The Congregational Church of Topsfield its representatives and employees the right to take photographs of my child and his/her property in connection with church school and youth group activities. I authorize the Congregational Church of Topsfield its assigns and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that the Congregational Church of Topsfield may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above,
 Signature and date, parent or guardian: _____

Parents/Guardians: Please complete both sides of this form (all fields) and mail it, or return it to the CCoT office at 9 East Common Street, Topsfield, MA 01983, attention Wendy Colby. Thank you! Questions? 978-887-2101

