



CHURCH of the HOLY NATIVITY

CLARENDON HILLS

CHRISTIAN FORMATION & YOUTH GROUP REGISTRATION

FAMILY INFORMATION

Parent/Guardian 1: _____

Email: _____

Phone(s): _____

Parent/Guardian 2: _____

Email: _____

Phone(s): _____

Home Address: _____
Street Town Zip

Emergency Contact (Parents/guardians listed above will be contacted first)

Name Phone

Please list any dates that you know in advance your child(ren) won't be attending Christian Formation:

Medical Insurance Information

Company Policy Number

STUDENT INFORMATION

Child 1: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 1 Allergies/Medical/Other Information

Child 2: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 2 Allergies/Medical/Other Information

See Page 2 to register additional children or to give additional information.

The undersigned parent or legal guardian of all minors listed above or on Page 2 of this form, does hereby grant permission for said child(ren) to engage in the various activities sponsored by Church of the Holy Nativity (CHN) for Christian Formation and/or Youth Group programs, including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with CHN's programs for children and/or youth. This consent also includes specific permission hereby granted to the adult supervisors and leaders of CHN's youth and child Christian Formation programs to make medical decisions with respect to the said minor child(ren) in the event of accident or injury, when parental or emergency contact consent is unavailable or when circumstances shall require immediate medical decisions, and to administer medication when required.

Finally, I understand that children may be photographed or videotaped from time to time in relation to these activities, and I hereby grant my permission to allow my child to be videorecorded and/or photographed in this manner, and grant to CHN the right to publish, copyright or use these images as it sees fit.

Parent/Guardian Signature

Date

CHRISTIAN FORMATION & YOUTH GROUP REGISTRATION

ADDITIONAL STUDENT INFORMATION

Child 3: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 3 Allergies/Medical/Other Information

Child 4: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 4 Allergies/Medical/Other Information

Child 5: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 5 Allergies/Medical/Other Information

Child 6: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 6 Allergies/Medical/Other Information

Child 7: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 7 Allergies/Medical/Other Information

Child 8: _____

Birthdate: ___/___/___ Baptism Date: ___/___/___

This Year's School Grade _____

Child 8 Allergies/Medical/Other Information

ADDITIONAL INFORMATION
