

First Parish Lexington - Religious Growth and Learning Program

Child/Youth Information Form - *Required of all program participants*

Please fill out this form in its entirety (both sides) for each child/youth registered in any First Parish program. This form will be shared with teachers/advisors to help them minister most effectively to our children and youth. *Please print carefully and use blue or black ink - thank you!*

Name of child/youth: _____ Nickname: _____

Birthdate: _____ School & grade for 2009/10: _____

Parent/Guardian name(s): _____

Home phone: _____ Preferred email: _____

Information to help our volunteer leaders:

Are there any physical/emotional conditions affecting the child/youth that could affect the safety of the child/youth and/or others? _____

Please list any other physical/emotional conditions of which teachers/advisors should be aware: _____

Describe any restrictions on activities in which child/youth may participate:

My child/youth loves: _____ and dislikes: _____

S/he learns best when: _____

Do you have any advice for volunteer leaders who will be working with your child/youth?
Are there any particular strategies that work especially well with him/her?

Is there anything else you would like your child's teacher to know about him/her?

Occasionally, photographs are taken of special events at the church and posted on our website. Do you give permission for your child or youth's photograph to be included on the website? Please initial if you agree:

Yes, to public website: _____ Yes, to private "members only" website: _____

Please complete the other side, too!

Medical Information:

Child/youth is allergic to: _____

Allergic reaction to above allergens: _____

Child/youth carries an EpiPen: _____ Inhaler: _____

Please list any medications(s) that the child/youth is taking: _____

Any dietary considerations/restrictions: _____

Emergency Contact Information:

Emergency contact name: _____

Address: _____

Home phone: _____ Cell phone: _____

Relationship to child/youth: _____

Emergency Treatment Authorization:

The information provided on this form is accurate to the best of my knowledge. My child/youth described herein has my permission to engage in all activities except as noted above. I understand that every effort will be made to contact me and/or the emergency contact person listed above in the event of an emergency. If my child/youth requires emergency treatment, and I am not able to be contacted, I hereby authorize the physician selected by the adult leaders of the Religious Growth and Learning Program, or the staff at First Parish Lexington, to secure that treatment for my child or youth.

Printed name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____