Confirmation Registration Form
First Congregational UCC, River Falls
2020-21

Student's full name: _____
First Middle Last

Parent's name: _____

Address: _____

Home Phone: _____ Parent cell phone: _____

_____

Youth cell phone: _____

Emergency contact: _____

Emergency phone number (or cell number): _____

Email addresses: _____
(for weekly update
And for ZOOM links) _____

Program(check): ◯Pre (6th) ◯Yr 1 (7th) ◯Yr 2 (8th) ◯Yr 3(9th gr) ◯Intern(10-12th Gr)

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 Confirmation Program at First Congregational Church including any travel to and from all events including trips, retreats and service projects as necessary. I authorize the adult youth leaders to obtain emergency medical assistance for my child if necessary.

Parent's signature: _____