CCF – CHRIST CENTERED FELLOWSHIP
REGISTRATION 2008-2009

CHILDREN'S LOGOS MIDDLE SCHOOL GAP HIGH SCHOOL APEX

Annual Program Fee: **One half due before program starts. One half due before second semester.**
$120/1st Student $110/2nd Student
$105/3rd Student $65/4th (or more) Student
Fees will be prorated for students entering after September.

Family Last Name:	Address:
Father:	City/Zip
Mother:	Phone:
Student's name: M F	**Student's name**: M F
Birthdate: Grade:	Birthdate: Grade:
Special needs/Allergies:	Special Needs/Allergies:
Student's Name: M F	**Student's Name**: M F
Birthdate: Grade:	Birthdate: Grade:
Special needs/Allergies	Special Needs/Allergies
Email:	

PARENT AGREEMENT

I understand that enrolling my student in this program requires my active participation. I agree to attend the Information/Training meeting on Wednesday August 27 or September 3, 2008.
AND Plan to participate in the following role: (Please mark 1st, 2nd, and 3rd choices)

	LOGOS Director		Cook Team
	Bible Leader/Assistant (Elementary)		Kitchen Clean-up
	Bible Leader/Assistant (Middle School)		Table Decorations
	Bible Leader/Assistant (High School)		Dinner Set-up 4:45-6:15 pm
	Genesis Choir Parent		Family Time Table Parent Coordinator
	Emmaus Choir Parent		Family Time Table Parent
	Elementary Recreation 4:00-4:45 pm		Dish Towel Laundry
	Child Care 4:00 – 6:15 pm		CLC Clean-up
	Gate Keeper		Hall Monitor
	GAP Advisor		
	APEX Advisor		GAP/APEX Choir Assistant (Sunday night)
	APEX Café Sponsor		Drama Team Coach/Assistant (Sunday night)
	Confirmation Class Sponsor		Praise Team Assistant (Sunday night)

FIRST PRESBYTERIAN CHURCH
NORTHVILLE, MICHIGAN

Emergency Treatment Authorization

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event these individuals cannot be reached in an emergency during an activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used, as primary coverage in the event medical intervention is needed. Coverage by The Church through its accident policy will be used as a backup only to the extent my insurance fails to provide coverage.

I understand all reasonable safety precautions will be taken at all times by The Church and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to hold harmless and indemnify The Church, its leaders, employees and volunteer staff from any and all claims, suits, damages, losses, or injuries suffered or caused by or to the student named on this form.

_____ _____
Parent/Guardian Date

List medication needed or used (including psychiatric)

Name of medication	Dosage	Hours Given	Reasons

Medications must be in the original prescription bottles listing dosage information and the name of the doctor who proscribes the medication.

Health Insurance/Emergency Information

I understand that the CCF leaders will do everything in their power to avoid accident or injury to all people participating in the First Presbyterian Church CCF program. However, if an accident or illness should occur:

Emergency Contact Name:	Phone
Emergency Contact Name:	Phone
Insurance Company Name:	
Policy Holder's Name:	
Policy Number:	