



# Little Egypt Chrysalis Big House Information Packet

Please visit us at  
[www.littleegyptchrysalis.com](http://www.littleegyptchrysalis.com)



This packet is to be filled out by all Big House participants.

Flight Number: \_\_\_\_\_ Weekend Dates: \_\_\_\_\_

## Big House Participant Information

Last Name: _____		First Name: _____		MI: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address: _____		Phone Home: _____	Phone Cell/Other: _____		
City: _____		State: _____	Zip: _____	Email: _____	
Will you be staying all three nights of the weekend? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not what nights please indicate what nights you will be staying? <input type="checkbox"/> 1 <sup>st</sup> Night <input type="checkbox"/> 2 <sup>nd</sup> Night <input type="checkbox"/> 3 <sup>rd</sup> Night			
Name and Denomination of Church: _____		Location: _____		Do you Attend Regularly: <input type="checkbox"/> Yes <input type="checkbox"/> No	
When and where did you attend Chrysalis or Emmaus, Number: _____ Community Name: _____					

## Statement of Release

Over the course of the Big House weekend pictures maybe taken. By signing this application you acknowledge pictures, voice, and video recordings may be published by Little Egypt Chrysalis for the purpose of its ministry.

## Medical and Parental/Guardian Information

If under 18 please obtain parental/guardian signature. If not please fill out and sign your own name.

List allergies, medications being taken, medical problems, special diet, or other pertinent information: \_\_\_\_\_

If I **cannot** be reached please call, Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in all activities, including required transportation, on the Big House/Chrysalis weekend. In the event of an emergency, and I cannot be reached by phone, the Big House/Chrysalis staff has my permission to provide the medical care necessary for my child's well being. I also give permission to the Big House/Chrysalis staff to administer necessary prescription and non-prescription medication. We further do hereby release and discharge Big House/Chrysalis, it's board, agents, and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Big House Participant:  \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

If under 18,  
Parent/Guardian Signature:  \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Special Needs

Are there any additional circumstances concerning your participation in this ministry that we need to know about?  Yes  No

If yes please explain: \_\_\_\_\_

## Completed Information and Participant Fee Payment

Please turn in your contribution of **\$60.00**, which partially off-sets the expenses for the weekend, and this information packet to the board representative or Big House Director. Please make checks payable to **LITTLE EGYPT CHRYSALIS COMMUNITY** or **LECC**. If you are unable to pay the participant fee scholarship moneys are available upon request from the Little Egypt Chrysalis Board of Directors. Please notify the Big House director immediately if you are unable to serve on the weekend. Both pages of this application must be completed to work on the flight.

Will a scholarship be needed?  Yes  No If yes please indicate how much: \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
\_\_\_\_\_  
City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please type, use bold letters or label:

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

**Little Egypt Chrysalis Community** \_\_\_\_\_ (Agency Name)  
**Joshua W. Stafford** \_\_\_\_\_ (Contact Person)  
**P.O. Box 293** \_\_\_\_\_ (Address)  
**Vienna, Illinois 62995** \_\_\_\_\_ (City/State/Zip)

