



Child & Youth Ministries Registration

CHILD(REN)'S NAME(S):

Please complete one form per family unless guardian/emergency contact information for all children is not the same.

PARENT INFO (children's info on the second page)

Parent/Guardian 1			
<input style="width: 240px; height: 25px;" type="text"/>		Relationship to Child(ren)	
<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>		
Last Name	First Name		
<input style="width: 415px; height: 25px;" type="text"/>			
Address			
<input style="width: 205px; height: 25px;" type="text"/>	<input style="width: 45px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	
City	State	Zip Code	
<input style="width: 85px; height: 25px;" type="text"/>	<input style="width: 85px; height: 25px;" type="text"/>	Text message	<input type="checkbox"/>
Home Phone	Cell Phone		
<input style="width: 410px; height: 25px;" type="text"/>			
Email			
Please check the box for the programs / activities you are willing to help with if needed:			
<input type="checkbox"/> Nursery	<input type="checkbox"/> Sunday School	<input type="checkbox"/> Children's Church	
<input type="checkbox"/> First Friday	<input type="checkbox"/> Youth Group	<input type="checkbox"/> Other:	

Parent/Guardian 2			
<input style="width: 240px; height: 25px;" type="text"/>		Relationship to Child(ren)	
<input style="width: 195px; height: 25px;" type="text"/>	<input style="width: 195px; height: 25px;" type="text"/>		
Last Name	First Name		
<input style="width: 415px; height: 25px;" type="text"/>			
Address			
<input style="width: 205px; height: 25px;" type="text"/>	<input style="width: 45px; height: 25px;" type="text"/>	<input style="width: 100px; height: 25px;" type="text"/>	
City	State	Zip Code	
<input style="width: 85px; height: 25px;" type="text"/>	<input style="width: 85px; height: 25px;" type="text"/>	Text message	<input type="checkbox"/>
Home Phone	Cell Phone		
<input style="width: 410px; height: 25px;" type="text"/>			
Email			
Please check the box for the programs / activities you are willing to help with if needed:			
<input type="checkbox"/> Nursery	<input type="checkbox"/> Sunday School	<input type="checkbox"/> Children's Church	
<input type="checkbox"/> First Friday	<input type="checkbox"/> Youth Group	<input type="checkbox"/> Other:	

If the person who regularly brings the child(ren) to church is different than above:

In case of injury or sudden illness, **will be contacted first.**

In case of emergency, or if I cannot be contacted, I hereby authorize the following person(s) to pick up my child(ren):

Name:	<input style="width: 240px; height: 25px;" type="text"/>	Cell Phone:	<input style="width: 180px; height: 25px;" type="text"/>	Relationship to Child:	<input style="width: 180px; height: 25px;" type="text"/>
Name:	<input style="width: 240px; height: 25px;" type="text"/>	Cell Phone:	<input style="width: 180px; height: 25px;" type="text"/>	Relationship to Child:	<input style="width: 180px; height: 25px;" type="text"/>

In the case of a medical emergency, if I am not reachable, I authorize the staff of First Presbyterian Church to seek emergency medical care for my child(ren) as deemed appropriate. It is understood that I am financially responsible for care given.

I give permission to have photographs taken of my child(ren). I also give the church permission to use any photo or video taken of my child(ren) in church publications or the church website / Facebook, without names. I understand that I may rescind this permission at any time, and that upon notification, the church will take all reasonable precautions not to continue to use my child(ren)'s photographic image in any future publications unless expressly authorized by me.

Parent/Guardian Signature

Date

PARENT/GUARDIAN'S NAMES:

Child(ren)'s Info (parent info on the first page)

1.

Last Name First Name Goes by Birthday Age Grade

Allergies / Medical Conditions
Activities / Interests

Please check the church activities and programs this child participates in:

Nursery (Ages 0-4) Sunday School (Ages 5+) Children's Music Children's Church (K-5th grade) Youth Group (5th-12th grade)

2.

Last Name First Name Goes by Birthday Age Grade

Allergies / Medical Conditions
Activities / Interests

Please check the church activities and programs this child participates in:

Nursery (Ages 0-4) Sunday School (Ages 5+) Children's Music Children's Church (K-5th grade) Youth Group (5th-12th grade)

3.

Last Name First Name Goes by Birthday Age Grade

Allergies / Medical Conditions
Activities / Interests

Please check the church activities and programs this child participates in:

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4.

Last Name First Name Goes by Birthday Age Grade

Allergies / Medical Conditions
Activities / Interests

Please check the church activities and programs this child participates in:

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5.

Last Name First Name Goes by Birthday Age Grade

Allergies / Medical Conditions
Activities / Interests

Please check the church activities and programs this child participates in:

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