

# Children's Ministry Registration

Please fill out one form per family and return to Liz at the reception desk or Sunday School teacher.

Child/Youth Name:	Age:	Birth Date:	Grade:	School:	Allergies/ Medical
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*(Please use back side of form to note any helpful hints about caring for your child(ren); likes, dislikes, etc.)*

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parents(s) Name(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Phone for: Dad – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone for: Mom – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

The following people are authorized to pick up my child(ren)

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s) Church Affiliation (if applicable): \_\_\_\_\_

Check box  if your child's unnamed picture may appear on the church's website or newsletter.

Is there anyone NOT authorized to pick up or have contact with your child(ren)? \_\_\_\_\_

*In the event of a medical emergency, I understand every reasonable effort will be made to contact me. If I cannot be immediately reached, I give permission for my child or youth to receive emergency treatment at the discretion of the FPCS staff and volunteer leaders. I further agree that I will not hold First Presbyterian Church, the North Puget Sound Presbytery, their agents or employees responsible for any accident or injury.*

Medical Insurance Name/Group #: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Print name of Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_

I received the "Safe in Our Care Parent Guidelines" on \_\_\_\_\_ (date) \_\_\_\_\_ (initials)