



CHILD REGISTRATION FORM

Nursery through 5th Grade

2015-2016

CHILD INFORMATION:

LAST NAME

FIRST NAME

GOES BY *(if different than first name)*

BIRTH DATE (MM/DD/YY)

SCHOOL GRADE as of AUG. 2015

GENDER: Male Female

STREET ADDRESS

CITY

STATE

ZIP CODE

PARENT/GUARDIAN CONTACT INFORMATION:

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

The following individual(s) may pick up my child from a program sponsored by APC's Children's Ministry:

MEDICAL INFORMATION (All information will be kept confidential)

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING THAT WOULD AFFECT THEIR PARTICIPATION?

- *Medical/Educational Concerns:* _____
- *Allergies (if any):* _____
- *Does your child carry an epi-pen?* Yes No

- I give permission for my son/daughter to participate in Children's Ministry programs sponsored by Alpharetta Presbyterian Church. In case of emergency, the leaders have permission to have my child medically treated in whatever manner needed.
- I hereby release Alpharetta Presbyterian Church and its representatives from any liability as a result of my children's participation in programs of Children's Ministry.

SOCIAL MEDIA

- My child's photo may be used on the Alpharetta Presbyterian Church's website or printed material as we share Children's Ministry program pictures. Any photos taken during Children's Ministry activities shall remain the sole property of Alpharetta Presbyterian Church, and I hereby release Alpharetta Presbyterian Church from all claims and liability arising from or relating to such use.
- My child's photo may not be used in any Alpharetta Presbyterian Church materials, either printed or online.

SIGNATURE _____ DATE _____