CHILD REGISTRATION FORM 2018-2019

Nursery, Pre-School, K-5th grade

CHILD INFORMATION

_____ _____ _____

LAST NAME FIRST NAME GOES BY *(if different than first name)*

_____ _____

BIRTH DATE (MM/DD/YY) SCHOOL GRADE as of AUG. 2018

_____ _____ _____ _____

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. **(For your child's safety please list ALL people and include parent(s) names as well)**:

_____ _____ _____

_____ _____ _____

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.

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.

☐ My child's photo may only be used in printed Alpharetta Presbyterian Church material.

PARENT SIGNATURE

☐ 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.

SIGNATURE_____ **DATE** _____