



CHILD REGISTRATION FORM

Nursery, Pre-School, K-5th grade

2018-2019

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 _____

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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 Alpha and Omega 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 Alpha and Omega 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 Alpha and Omega Presbyterian Church material.

PARENT SIGNATURE

I hereby release Alpha and Omega Presbyterian Church and its representatives from any liability as a result of my children's participation in programs of Children's Ministry.

SIGNATURE _____ DATE _____