

First Presbyterian Church Children's Ministry Registration

Today's Date: _____

Child's Name: _____

Birth date: _____

What grade in school: K3 K4 K 1st 2nd 3rd 4th 5th 6th

Mother's Name: _____ Father's Name: _____

Address: _____

Home phone: _____ Work Phone: _____

Cell: _____

Email: _____

Pediatrician Name: _____ Pediatrician Phone: _____

Allergies/ Medical Conditions:

Emergency Contact: _____

Occasionally we will publish our Children's pictures in various forms of media, website, bulletin boards, and weekly mail outs. We never put a name with the pictures. If you do **NOT** want your child's picture to be published please fill in your name here.

I _____ do not wish for my child's picture to be published in any form of media for the Church.