Central Presbyterian Church

Children's Programs & Sunday School Information Form

2011-2012

Please print clearly. Fill out separate forms for each child.

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____ Age: _____ Grade as of Sept 1, 2011: _____
day month year

Street Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

Parent/Guardian Name: _____ Day #: _____ Cell #: _____

Parent/Guardian Name: _____ Day #: _____ Cell #: _____

E-Mail Address: _____

Child lives with *(please circle):* Both Parents Mother Father Other _____

Name and age of Siblings: _____

HEALTH AND EMERGENCY INFORMATION

Health Card #: _____

Allergies or Medications taken: _____

Child's Doctor's Name: _____ Phone: _____

Special physical, emotional or behavioral considerations: *(please circle one)*: No Yes *(please specify below)*

_____

Contact person (not parent) in case of emergency and parents/guardians/caregivers cannot be reached:

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

RELEASE OF INFORMATION & PHOTO/VIDEO CONSENT *(Please check the box if you consent to the following):*

- ☐ I consent to release the information supplied on this form to my child's Children's Program Leader and Sunday school teachers.
- ☐ I will allow my child to be photographed or video recorded during Children's Ministry programs or events.
- ☐ I will allow my child's photograph or video to be used in a positive manner to promote the children's ministry. I understand this could be used on bulletin board displays, PowerPoint slides, picture CDs, during events or worship service.
- ☐ I give permission for my child's photograph to be used on Central Presbyterian Church's website and/or the Presbyterian Church in Canada's website (Your child's name will not be used.)
- ☐ I will allow my child's photograph to be taken for a local newspaper or submitted to the Presbyterian Record.

_____ _____ _____

Parent/Guardian Name (print) *Parent/Guardian Signature* *Date*