

**FRENCHTOWN PRESBYTERIAN CHURCH**  
**SUNDAY MORNING KIDS COMMUNITIES**  
**REGISTRATION FORM**

**PART I: Student Information 2016-2017**

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Any Medications that we should be aware of? \_\_\_\_\_

Has your child been baptized?            YES            NO

Does your child have a talent to share (singing, playing an instrument, theater, dance, etc)? If so, please describe: \_\_\_\_\_

**PART II: Parent/Guardian Information**

Parent/Guardian Name(s): \_\_\_\_\_

Alternate Name / Phone #: \_\_\_\_\_

Are you a member of Frenchtown Presbyterian Church?            YES            NO

Do you wish to receive our weekly Church E-Newsletter?            YES            NO

If yes, what email address should we send it to? \_\_\_\_\_

Please check the box if you are able to help in any of the following areas:

- Substitute Teach (we will train you!)
- Be a helping parent (assist in class occasionally)
- Help with snack distribution
- Help with additional events (Service Projects, Advent, Pageant, etc.)

(over)

**PART III: Photo Release**

*Please initial*

(     ) I grant permission to the Frenchtown Presbyterian Church and its staff or local media personnel to take photographs of videos of my child. I acknowledge that these photos and videos may appear in, but are not limited to, the church’s newsletter, church website, church publications, and/or the local newspaper(s) and media.

(     ) I DO NOT grant permission to the Frenchtown Presbyterian Church and its staff or local media personnel to take photographs of videos of my child. I acknowledge that these photos and videos may appear in, but are not limited to, the church’s newsletter, church website, church publications, and/or the local newspaper(s) and media.

**PART IV: Release of Child**

*Please initial*

(     ) I grant permission to the Frenchtown Presbyterian Church and its staff to allow my child, who is age appropriate, to head upstairs after class on his/her own.

*Please initial*

(     ) I grant permission to the Frenchtown Presbyterian Church and its staff to allow my child to be released to the following individuals:\_\_\_\_\_

\_\_\_\_\_

**PART V: Disclaimer and Liability**

*Please initial*

(     ) I hereby release, waive and discharge Frenchtown Presbyterian Church and its officers, employees, agents, and volunteers from all liability, loss, claims, demands, and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage, or injury to me, my child, or my child’s property connected with my child’s attendance.

**PART VI: Consent to Medical Treatment**

*Please initial*

(     ) In the event my child becomes ill or injured, I give my permission for a representative of Frenchtown Presbyterian Church to take whatever steps are reasonably necessary to render emergency first aid.

Parent/Guardian Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**RALLY DAY is September 11, 2016**

***Please return completed form to:***

Frenchtown Presbyterian Church

ATTN: Sunday School Coordinator

PO Box 114

Frenchtown, NJ 08825