

REGISTRATION

Parent Information			
Mother/Guardian Last Name	Mother/Guardian First Name	Cell Phone	<input type="checkbox"/> texts ok
Father/Guardian Last Name	Father/Guardian First Name	Cell Phone	<input type="checkbox"/> texts ok
Address	City / Zip Code	Home Phone	
Email	Best way to get info to parent: <input type="checkbox"/> email <input type="checkbox"/> home # <input type="checkbox"/> snail mail <input type="checkbox"/> text <input type="checkbox"/> cell #		Home Church
Emergency Contact Name		Emergency Contact Phone Number () ()	

Child Information		
Last Name	First Name	Birthday (mm/dd/yr)
Grade in school for 2017-2018	Name of School	Last Tetanus immunization
Known medical conditions/concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		
Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		Allergies – Food/Other? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)

Child Information		
Last Name	First Name	Birthday (mm/dd/yr)
Grade in school for 2017-2018	Name of School	Last Tetanus immunization
Known medical conditions/concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		
Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		Allergies – Food/Other? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)

Child Information		
Last Name	First Name	Birthday (mm/dd/yr)
Grade in school for 2017-2018	Name of School	Last Tetanus immunization
Known medical conditions/concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		
Medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)		Allergies – Food/Other? <input type="checkbox"/> No <input type="checkbox"/> Yes (please list)

Sunday School/Weeknight Volunteer: Parent is willing to help (check all that apply):	
<input type="checkbox"/> 1x per month <input type="checkbox"/> 2x per month <input type="checkbox"/> 3-5x per month <input type="checkbox"/> Sunday Nursery assistant <input type="checkbox"/> Sunday school teacher <input type="checkbox"/> Sunday school assistant <input type="checkbox"/> Wed. Kids Night helper <input type="checkbox"/> VBS week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> setup <input type="checkbox"/> cleanup <input type="checkbox"/> create decorations at home <input type="checkbox"/> preK crew leader <input type="checkbox"/> elementary crew leader <input type="checkbox"/> preK station lead <input type="checkbox"/> elementary station lead <input type="checkbox"/> roaming actor <input type="checkbox"/> VBS nursery care <input type="checkbox"/> VBS decorating on site <input type="checkbox"/> Provide snacks for VBS volunteer break room	

VBS ONLY:	Dates Registered—Please check each day your child(ren) will attend						VBS Payment Info	
	All Days	July 10 th	July 11 th	July 12 th	July 13 th	July 14 th	No Charge for 2017!!	
							Amt. Paid: \$0	Amt. Owed: \$0

PARENT PERMISSION & MEDICAL RELEASE

Child(ren) Name(s): _____

Address: _____ City: _____ Zip Code: _____

Authorization of Consent to Treatment of Minor**

**If authorization is not provided, a parent or legal guardian must remain on campus during all activities.

(I), (We) the undersigned parent(s) of _____, (each) a minor, do hereby authorize Westminster Presbyterian Church's children's ministry leaders as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgery diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through June 30, 2018 for all children's ministry activities at Westminster Presbyterian Church.

Photography and Video Release

Initial here _____ to consent or here _____ to withhold consent for pictures/video.

(I), (We) the undersigned parent(s) of _____, (childrens' names), a minor, do hereby authorize Westminster Presbyterian Church's children's ministry leaders to photograph and video tape our child in an appropriate and tasteful manner. We realize that pictures will be used in slide shows, newsletters, the church web-site, and other church related uses. Video may also be used for publicity, activities, and other program related uses.

Release of Westminster Presbyterian Church**

**Required for participation in Westminster activities

_____, (parents name) shall indemnify, hold free and harmless, assume liability for, and defend Westminster Presbyterian Church and it's affiliate corporations, its agents, servants, employees, officers, and directors from any costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the Westminster Presbyterian Church may incur based on any assertion of liability, or any other claim or action founded thereon, arising or alleged to have arisen out of _____ (children's names) use of real or personal property belonging to Westminster Presbyterian Church and its affiliate corporations, its agents, employees, officers, and directors, or by action or omission by _____ (children's names).

Authorized Pick - Up

Authorized person(s) to pick-up (besides parents listed above):		
Name	Relationship	Phone

Parent or Legal Guardian Signature	Day Phone ()	Cell Phone ()	Home Phone ()
Emergency Contact	Emergency Phone ()		
Family Doctor	Family Doctor Phone ()		
Insurance Company	Insurance Policy #		