

**2014-2015
Children's Ministry
Registration Form
Birth - Grade 5**



For Office use only:

Date: ___ / ___ / ___ New Update

Child's Last Name	Child's First Name	Gender M/F	Date of Birth	Age	Baptized?	2014/2015 Grade	Medical conditions, allergies or special needs
1.			/ /				
2.			/ /				
3.			/ /				
4.			/ /				

Family Information:

Mother: First Name _____ Last Name (if different from child) _____

Phone: Home:() - - Work:() - - Cell:() - -

Father: First Name _____ Last Name (if different from child) _____

Phone: Home:() - - Work:() - - Cell:() - -

Guardian/Other: First Name _____ Last Name _____

Relationship to child: Grandparent Aunt/Uncle Neighbor Friend Other _____

Phone: Home:() - - Work:() - - Cell:() - -

Street Address: _____ City: _____ Zip: _____

Email Address: _____

Medical Release: If the parent or legal guardian(s) of child(ren) listed above cannot be reached at the time of an emergency and if, in the judgment of the church staff, immediate observation or treatment is urgently required I authorize and direct the church staff to secure necessary emergency medical attention. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian Date

Indemnification: I further agree to indemnify and hold harmless Northminster Presbyterian Church and its ministers, leaders, employees, volunteers, or agents from any and all claims from my participation in its activities and programs, or as a result of injury or illness of my child or me during such activities.

Signature of Parent/Guardian Date

Photo Release: I grant permission for the use of photographs or electronic images of my child(ren) taken by or on behalf of Northminster Presbyterian Church for promotional/informational purposes, church publications and programming materials, including the church website.

Signature of Parent/Guardian Date