

First Presbyterian Church
Youth & Children's Ministry Family Information Form
2016-2017

Parents, please complete this family registration form if you have children ages 2 through 12th grade.
(Only one form per family necessary)

FAMILY INFORMATION:

Family Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ E-mail address: _____

Mother's Name: _____ Work Phone #: _____
Cell Phone #: _____

Father's Name: _____ Work Phone #: _____
Cell Phone #: _____

In case of emergency, contact: _____ Phone #: _____

Photographic Release for Minors Please check one of the boxes below:

I do I do not

give First Presbyterian Church permission to publish in print, electronic, website, or video format the likeness or image of my child(ren). I release all claims against First Presbyterian Church with respect to copyright, ownership, and publication, including any claim for compensation related to use of the materials.

Parental Signature _____

Child #1 Registration:

Name: _____ Birth date: _____ Sex: _____

Age: _____ Grade in School: _____ School Name: _____

Allergies, medical conditions, or special needs: _____

Just for 5th-12th graders: Which is the best way to contact you? (circle the best options)

Email Mailings Text Phone Call Facebook

Youth Email _____

Youth Cell #: _____ Can you receive texts on your cell phone? _____

Child #2 Registration:

Name: _____ Birth date: _____ Sex: _____

Age: _____ Grade in School: _____ School Name: _____

Allergies, medical conditions, or special needs: _____

Just for 5th-12th graders: Which is the best way to contact you? (circle the best options)

Email Mailings Text Phone Call Facebook

Youth Email _____

Youth Cell #: _____ Can you receive texts on your cell phone? _____

Child #3 Registration:

Name: _____ Birth date: _____ Sex: _____

Age: _____ Grade in School: _____ School Name: _____

Allergies, medical conditions, or special needs: _____

Just for 5th-12th graders: Which is the best way to contact you? (circle the best options)

Email Mailings Text Phone Call Facebook

Youth Email _____

Youth Cell #: _____ Can you receive texts on your cell phone? _____

Child #4 Registration:

Name: _____ Birth date: _____ Sex: _____

Age: _____ Grade in School: _____ School Name: _____

Allergies, medical conditions, or special needs: _____

Just for 5th-12th graders: Which is the best way to contact you? (circle the best options)

Email Mailings Text Phone Call Facebook

Youth Email _____

Youth Cell #: _____ Can you receive texts on your cell phone? _____