Please use this form to register all children and youth from birth through Grade 12.

Parent/Guardian Information

Parent's/Guardian's Name

Relationship   Home Phone

Cell Phone   Work Phone

Address

City, ST ZIP Code

Email Address   (check ❑ if this is the FAMILY email)

Parent's/Guardian's Name

Relationship   Home Phone

Cell Phone   Work Phone

Address

City, ST ZIP Code

Email Address   (check ❑ if this is the FAMILY email)

Alternative Emergency Contacts (other than parent/guardian)

Primary Emergency Contact

Primary Phone   Secondary Phone

Secondary Emergency Contact

Primary Phone   Secondary Phone

Photo & Voice Release

I hereby grant permission to Nassau Presbyterian Church to use my child's photo and/or voice recording on their website, multimedia, Facebook page, Youth Ministry Facebook group, or in other official organization publications. I also acknowledge that Nassau Presbyterian Church may choose not to use my child's photo/voice at this time, but may do so at its own discretion at a later date. With the exception of Youth Sunday sermons, which are posted on the church web site with the names of youth, I understand that the names and personal information of my child will not be published with photos or voice recordings.

X _____

Parent's/Guardian's Signature   Date

Medical Release – <u>Required</u> for Participation in Fellowship & Music

I give permission for my child/children to participate in Church School, Fellowship, and/or Choir program(s). In case of emergency, I understand that every effort will be made to contact the parents, guardians, or alternate contact of the registered child. In the event that I cannot be reached, I give permission to the physician selected by Nassau Presbyterian Church to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release Nassau Presbyterian Church, its employees, and volunteers from any responsibility for injuries or illness occurring as a result of or coincidental to my child's participation in these programs.

X _____

Parent's/Guardian's Signature   Date

Please make as many copies of this page as you require. This page must be turned in with a completed parent/guardian information page.

Child/Youth Information

❑ M   ❑ F

_____   _____
Child/Youth Name   Date of Birth   Gender

_____   _____
School Attending   Grade entering in Sept; if Preschool: Infants, Age 2 or Age 3/4 class

_____
Child/Youth Phone (if different)

This child ❑ **IS** ❑ **IS NOT allowed to walk home from NPC events.**

* Youth in Grades 6-12 enrolled in NPC groups: I hereby give permission for the adult leaders to escort my child on walking trips or drive my child in the church bus or a personal vehicle to nearby locations during Fellowship and other youth ministry events.

_____
Child/Youth Email (if different)

Any additional information that we should know? (Allergies, learning differences, etc.)
Please list other adults who have your permission to pick up this child (i.e., carpool, nanny, etc.)

Please enroll my child in (check all that apply):

CHURCH SCHOOL	FELLOWSHIP	MUSIC
❑ **Childcare** (9:15AM) Infants – Age 2	❑ **Club 345*** (grades 3-5): Fridays, 6x/yr	❑ **Choir**, Pre-K & K: Sunday mornings
❑ **Church School** (9:15AM) Age 3 – Grade 5 & Grades 6 – 12*****	❑ **Middle School Fellowship***: Sundays	❑ **Choir**, Grades 1 & 2: Wednesdays
		❑ **Choir**, Grades 3-5: Wednesdays
❑ **Childcare** (11:00AM) Infants – Age 3	❑ **Senior High Fellowship***: Sundays	❑ **Choir**, Grades 6-8*: Sundays
❑ **Worship Explorers** (11:00AM) Age 4 – Grade 3		❑ **Choir**, Grades 9-12*: Sundays

*Participation in overnight events or driving trips out of the area will require completion of an additional, trip-specific form.

Child/Youth Information

❑ M   ❑ F

_____   _____
Child/Youth Name   Date of Birth   Gender

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