



Children's Ministry at St. Thomas Presbyterian Church

Our Vision for 2012: Transformed by faith; transforming through service.

Child's Registration Form September 1, 2010 through August 31, 2011

Child's Name _____ Date of Birth _____ Grade _____

Home Address _____ City _____ Zip _____ Home Phone _____

List and describe any allergies/medications/learning difficulties or physical limitations:

My child has been baptized _____ Yes _____ No I would like more information on having my child baptized _____

Children Birth—2nd grade MUST to be signed in and out by a parent or authorized person.

Children in 3rd, 4th or 5th grade are allowed to leave class without a parent or authorized person if their parents give their permission. Parent or Guardian, please indicate your choice by checking one of the statements below:

____ My child is in the 3rd, 4th, or 5th grade and may leave at the end of class without a parent or authorized person.

____ My child is in the 3rd, 4th, or 5th grade may not leave class without a parent or authorized person picking them up.

Parent or Guardian Information:

Mother's Name _____ Cell Phone _____ Work Phone _____ E-mail Address _____

Father's Name _____ Cell Phone _____ Work Phone _____ E-mail Address _____

Persons authorized to sign my child in or out of their classroom in addition to myself are:

Alternate emergency information in case parent/guardian is unavailable:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

I hereby grant permission for St. Thomas Presbyterian Church to use photos of the above-named child and other members of my family for evangelical purposes. I understand that any such publication of such photos will not include any personal identifying information unless separately authorized by me.

I hereby authorize St. Thomas Presbyterian Church, it's members, staff, and volunteers to secure whatever medical attention they deem necessary for the benefit of the above named child. Further I authorize any medical provider to perform any service or procedure that is medically necessary. I also agree to pay for any and all expenses that are medically necessary and reimburse any expense incurred by St. Thomas, it's members, staff, or volunteers.

Parent or Guardian's Signature

Date

Parent or Guardian's Printed Name

Relationship to Child