

FIRST PRESBYTERIAN CHURCH – MARSHFIELD, WI
2017 – 2018 CHRISTIAN EDUCATION REGISTRATION & CONSENT FORM

Child/Youth's First Name: _____ Child/Youth's Last Name: _____

Child/Youth's Age: _____ Date of Birth: _____ Last Grade Completed: _____

Child/Youth's email address: _____

Mark all activities that child/youth will be participating in:

VBS (entering 4K-completion of 6th grade)

Sunday School (4k-8th grade)

*Confirmation (9th or 10th grade)

*Youth Group (6th-12th grade)

***Activities held off campus will need a separate consent form completed.**

Learning concerns that you feel we should be aware of: _____

Medical concerns that you feel we should be aware of (i.e. allergies/reaction to allergy, physical limitations):

PARENT/GUARDIAN INFORMATION (please indicate primary custody holder if applicable)

Mother's name/legal guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email address: _____

Father's name/legal guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email address: _____

EMERGENCY CONTACT INFORMATION IF PARENTS/GUARDIANS ARE NOT AVAILABLE

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

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

FOR THE SAFETY OF YOUR CHILD/YOUTH, PLEASE NOTE WHO MAY PICK UP YOUR CHILD/YOUTH FROM ANY CHRISTIAN EDUCATION ACTIVITY. (Changes to this list must be submitted, in writing, to the church office.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

CONSENT INFORMATION

As Parent/guardian of the above named child/youth, it is understood that:

- 1) It is our responsibility to notify the above named church office of changes to this information
- 2) Consents may be revoked at any time by submitting written notification to the above named church office.

PHOTO/VIDEO USE PERMISSION:

I do do not grant First Presbyterian Church, Marshfield, permission to publish photo/videos (may include electronic media) of the afore named child/youth. I understand that photos/videos will only be used to enhance the communication and ministry of our congregation by enlivening descriptions of church activities - such as worship, Christian Education, mission trips, youth events and other special events- and that subjects will not be identified by name.

CONSENT

I am the parent/guardian of the afore named child/youth and do hereby give my consent that my child/youth may participate in church related activities. I further waive any claim to liability or damages against First Presbyterian Church of Marshfield, WI, any of its employees or any persons assisting in these activities for any damage or injury which may be sustained by my child during these activities.

Further, in the event an accident or an emergency medical situation should arise during the course of any activity involving my child/youth I hereby authorize the adult supervisor(s) to obtain medical assistance and treatment for my child/youth on my behalf. I specifically consent to allowing my child/youth to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

Medical care contacts:

Name of health care facility: _____ Physician's name: _____

Name of dental facility: _____ Dentist's name: _____

This form must be hand signed.

Signature: of Parent/Legal Guardian: _____ Date: _____

Form may be returned to the church in person or by mail to: First Presbyterian Church, 200 S Lincoln Ave., Marshfield, WI 54449