

**CHRISTIAN EDUCATION**

**HOUSEHOLD REGISTRATION FORM**

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

	Student	Student	Student	Student	Mother/Guardian	Father/Guardian
Last Name						
First Name						
Alt. Phone #						
email						
Date of Birth						
School and Grade						
Medical Conditions						
Medications						
Allergies						
Dietary Restrictions						
Last Tetanus shot						
Please mark the box by each program the student plans to participate in:						
Sunday School						
Confirmation						
So-So						
Awesome						
Logos / Living Logos						
Interest in Youth Choir or Handbells						
PCNS						
MOPS						

Please check if you DO NOT wish your son/daughter's picture to be used on the First Presbyterian Church web site or for promotional purposes.



Emergency contact other than Parent: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_



**OFF-SITE PERMISSION**

I, \_\_\_\_\_ give my permission for \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to participate in offsite activities as part of the education programs offered by 1<sup>st</sup> Presbyterian Church of Pittsford, and for 1<sup>st</sup> Presbyterian Church of Pittsford to obtain urgent medical care for my child as needed. (i.e. emergency room, 911/ambulance, etc.). Only the Pastor, Associate Pastor, Youth/C.E. staff, teacher(s) and Chaperones will have access to the above information. My signature here indicates that I hereby release from any liability 1<sup>st</sup> Presbyterian Church of Pittsford and all adult advisors, teachers or church staff in the event of any accident en route to, during events and/or on the return from the event.

It is the policy of the Christian Education Committee of the First Presbyterian Church of Pittsford that **cars provided for transportation will be driven by persons over the age of 21.**

I understand that if my son/daughter does not conform to the required standards of behavior or behaves in a way to be a danger to themselves or others, I will be contacted to immediately pick him/her up at the activity.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



I, \_\_\_\_\_ volunteer to drive for offsite events.

My Drivers license # \_\_\_\_\_ ST \_\_\_\_\_ Auto Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

