

Infant/Child Nursery Registration

Please Complete and Return to the Church Office

* <mark>A Form</mark> should be Filled Out for Each Individual Infant/Child for Nursery Registration . Thank yo			
INFANT/CHILD INFORMATION:			
Infant/Child's Full Legal Name:			
Birth Date (mm/dd/yyyy):	Age: _	Gender (M/F)	
PARENT/GUARDIAN INFORMATION: Father's Full Legal Name:			
Phone(s):			
Email(s):			
Mother's Full Legal Name:			
Phone(s):			
Email(s):			
Guardian's Full Legal Name:			
Phone(s):			
Email(s):			
HOME INFORMATION: Street:			
City:		Zip Code:	
EMERGENCY CONTACT (other than Parent or Guar Full Legal Name: Relationship to Infant/Child: Full Legal Name:	Phone:		
Relationship to Infant/Child:			
NAME and ADDRESS of INFANT/CHILD'S DOCTOR: Name:			
City:			
Phone(s): E			
MEDICAL INFORMATION: Does your child have any Special Medical Conditionany foods or food ingredients)?		·	
INFORMATION on SPECIAL LEARNING NEEDS: Does your infant/child have any special learning n	eeds that we shoul	d know?	
Guardian/Parent Signature:	Dat	e:	
Thank you! The Nu		Revised: 022222	

MEDICAL RELEASE

Parent's Name:	Home Phone #:	
Cell Phone #:	Email Address:	
Emergency Contact Person:	Phone #:	
Doctor's Name:	Doctor's Phone #:	

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of CPC Children & Youth Programs to secure the services of a licensed physician to provide the care necessary for my child/youth's well-being.

I, the parent or legal guardian of the child/youth listed above, also release Christ Presbyterian Church and any adults in charge from any and all claims resulting from injury or damage that may be sustained by my child/youth while participating in CPC Children & Youth Programs.

Signed: _____

(Parent or Guardian) Date:

PHOTO/TECH PARTICIPATION RELEASE

CPC Children & Youth Programs are offered through a variety of memorable activities, which are sometimes recorded (through videotape, photography, audio-taped interviews, and/or other electronic/digital means).

We often utilize these collected sounds, and images, at times when the memories are valuable motivators, such as during CPC Children & Youth Programs training or promotion.

Names are not purposely displayed unless those being photographed and/or videotaped are wearing identifying tags or clothing.

Please mark the applicable line below in regard to your willingness to allow your student to be photographed, recorded, video, and/or audio taped.

I hereby give my consent for my child/youth to be included in any pictures, video/audio recordings, or other electronic means. I also give my consent for my child/youth's image, likeness, or voice, to be used in promotional materials and on the Church website, Facebook, and VIMEO.

I hereby request that my child/youth NOT be photographed, videotaped, or interviewed for possible use in video/audio recordings or use on promotional materials, and on the Church website, Facebook, and VIMEO.

Signed:

(Parent or Guardian)

Date:

Please place completed Registration Forms at the Children's Bulletin Table in the Church Fover or return to Assistant Pastor of Youth and Families. Thank you.

**Registration of any additional child(ren)/youth in a household must be done on a new registration form.