



2018-2019 REGISTRATION WEDNESDAY NIGHT CHURCH

Start date: Wednesday, Sept. 19, 6:30pm-7:45pm

FAMILY INFO:

Parent/Guardian Name

Mailing Address

City

State

Zip

Home Phone

Parent/Guardian Cell Phone

Email

STUDENT INFO:

Child #1

First Name

Middle or Initial

Last Name

Birthdate (MM/DD/YYYY)

Male or Female

Grade: _____ Student cell phone (if applicable): _____

Allergies: _____ Medications: _____

Child #2

First Name

Middle or Initial

Last Name

Birthdate (MM/DD/YYYY)

Male or Female

Grade: _____ Student cell phone (if applicable): _____

Allergies: _____ Medications: _____

Child #3

First Name

Middle or Initial

Last Name

Birthdate (MM/DD/YYYY)

Male or Female

Grade: _____ Student cell phone (if applicable): _____

Allergies: _____ Medications: _____

Parents and Guardians: Please sign and date permission slips on the back of this form.

PERMISSION SLIP: FOR GRADES 5-12

My children #1 _____, #2 _____, #3 _____, #4 _____
have my permission to attend all activities, from September 2018-August 2019 associated with the St. Germain Evangelical Free Church (STGEFC).

I understand that supervision is being provided by STGEFC and release the church from any liability. I am the parent or legal guardian of these children. I understand that pictures or videos may be taken of my child to be responsibly used at the discretion of the church. I also give permission and consent for my child to be provided with transportation (if necessary) for the purpose of participating in events put on by STGEFC.

For any injuries or losses, parents agree to hold harmless and otherwise indemnify the Church, Youth Coordinator, Assistants, and all Volunteers who give their assistance to the youth ministries of STGEFC.

Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of the adult leaders associated with STGEFC accompanying my youth to seek or provide medical care for my youth.

Parents also authorize any doctor, hospital, or other medical care institution or practitioner to provide necessary medical care or hospitalization to my youth, a minor child, upon request of one of the adult leaders associated with STGEFC.

Signature: _____ Date: _____

PARENT AUTHORIZATION: FOR PARENTS OF NURSERY-4TH GRADERS

I understand that supervision is being provided by STGEFC and release the church from any liability. I am the parent or legal guardian of these children: #1 _____, #2 _____, #3 _____, #4 _____. I understand that pictures or videos may be taken of my child to be responsibly used at the discretion of the church.

For any injuries or losses, parents agree to hold harmless and otherwise indemnify the Church, Children's Ministry Coordinator, Assistants, and all Volunteers who give their assistance to the children's ministries of STGEFC.

Parents also agree, in case of an emergency requiring immediate medical attention, to authorize any of the adult leaders associated with STGEFC accompanying my children to seek or provide medical care for my youth.

Parents also authorize any doctor, hospital, or other medical care institution or practitioner to provide necessary medical care or hospitalization to my minor child, upon request of one of the adult leaders associated with STGEFC.

Signature: _____ Date: _____