



Children's Ministry Child Registration Form

Please return to Andria Kaskey, Director of Children's Ministries at andria@mediapresbyterian.org

General Information

Child's First Name _____

Child's Last Name _____

Child's Age and Date of Birth _____

Child's School and Grade _____

Parent/Guardian Full Name _____

Address _____

Parent/Guardian Email _____

Best phone number for reaching parent/guardian _____

Do you send and receive text messages at this number? (Please Circle One) YES NO

Child's Favorite Games/Hobbies/Shows/Music _____

Emergency Contact Information

Please provide the name, relationship, and phone number of a person whom you authorize to pick up your child or to assume medical responsibility for your child in the event that you cannot be reached:

Name _____ Relationship to child _____

Phone _____

Please read and sign the back side of this form.

I give my permission to the staff of Media Presbyterian Church and the other volunteers in charge to obtain needed medical attention or treatment in case of sickness or injury to my child. This may include administering basic First Aid, administering medications as described below, or calling emergency services (911) as needed. I understand that I will be contacted and informed of all incidents requiring this kind of medical attention.

Please provide information about your child's **medical conditions**; known **allergies** to foods, medications, bee stings; **behavioral issues**, etc. _____

Please list any **medications** that may need to be administered to your child while in the care of the church staff and volunteers (including inhalers, epinephrine injectors, allergy medicines, etc.). _____

Your signature confirms that the information above is complete and accurate.

Parent/Guardian signature

Date