



Step One

Date: ___/___/___

Parent/Guardian One

Full name: _____
Cell phone: _____
Email: _____
Relationship to child: _____

Does this parent live at the address below? Yes No

List the names of others authorized to pick up your child:

Parent/Guardian Two

Full name: _____
Cell phone: _____
Email: _____
Relationship to child: _____

Does this parent live at the address below? Yes No

Step Two: Child's Primary Residence

Home address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Step Three: Individual Kid's Information

First name: _____ Last name: _____ Birthdate: ___/___/___

Gender: _____ Grade: _____ School: _____ Allergies/Special Needs? _____

First name: _____ Last name: _____ Birthdate: ___/___/___

Gender: _____ Grade: _____ School: _____ Allergies/Special Needs? _____

First name: _____ Last name: _____ Birthdate: ___/___/___

Gender: _____ Grade: _____ School: _____ Allergies/Special Needs? _____

By providing my email address, I understand I will be contacted via email for Faith's Student Ministries or events my child is registered for. Faith Presbyterian Church will not give my information to any third parties. By completing this registration, I authorize my child's image to be photographed or filmed and used as deemed appropriate by Faith Presbyterian Church. If you do **not** want your child's image used, please sign here: _____



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