

**RED CLAY CREEK PRESBYTERIAN CHURCH  
CHILD & YOUTH REGISTRATION/ EMERGENCY CONTACT FORM  
2019-2020**



Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (as of 9/1/19): \_\_\_\_\_ Grade: \_\_\_\_\_ M / F \_\_\_\_\_

Address: \_\_\_\_\_ City/State//Zip: \_\_\_\_\_

Child's Cell Phone (if any): \_\_\_\_\_ Child's E-mail (if any): \_\_\_\_\_

School attending: \_\_\_\_\_

**Parent/ Guardian #1:**

Name: \_\_\_\_\_ home/cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/ Guardian #2:**

Name: \_\_\_\_\_ home/cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact** (if parent/guardian cannot be reached):

Name: \_\_\_\_\_ home/cell: \_\_\_\_\_

Relationship \_\_\_\_\_

**Child Release** (additional individuals authorized to pick-up your child, other than listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Dismissal Information:**

*Children up to grade 3 will wait in their classroom for the designated individual;  
all other children will be dismissed to Founders Hall.*

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are there any food or drug allergies, limits on activity, learning differences, special circumstances, and/or helpful hints about your child? Please be specific:**

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***Information on the reverse side is necessary! Please continue...***

***Please initial each of the following:***

\_\_\_\_\_ If I cannot be reached and RCCPC's representative has made every attempt to reach appropriate persons listed above, I agree to assume all expenses for moving and medically treating this child. I also hereby consent to any treatment, surgery, diagnostic procedure or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

\_\_\_\_\_ In consideration of being permitted to participate in activities which are sponsored by RCCPC or in which it participates, I hereby release, waive, discharge, and covenant not to sue RCCPC, its officers, servants, agents, volunteers, or employees from any and all liabilities, claims, demands or injury that may arise from or be sustained by my child while participating in any activity sponsored by or conducted in conjunction with RCCPC, whether or not located on property belonging to RCCPC.

\_\_\_\_\_ I give permission for my child to attend and participate in all youth group activities whether at RCCPC or at other locations.

\_\_\_\_\_ I understand that it is my child's responsibility to come to RCCPC ready to help promote a positive learning environment for all children. My child is expected to be respectful of teachers, fellow classmates, and the property of others. I understand that if my child is having difficulty with these expectations, the teacher will use effective educational discipline techniques to encourage the cooperation of the child. If my child continues to cause a disturbance, I understand that it is my responsibility to pick him/her up immediately.

\_\_\_\_\_ I acknowledge that photos may appear on the RCCPC website or social media and understand that under no circumstances will children/youth in those photos be identified with names or other personal information. I reserve the right to have any photo of my child removed upon request.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*A tax deductible donation will be gratefully accepted and can be attached to this registration or be mailed to church office. A donation is **not** required for your child to participate in RCCPC activities.*

**RCCPC functions through volunteer support. Below, please circle all areas of Children and Youth ministry you would be willing to assist. We value your support.**

*Sunday School*

*Vacation Bible School*

*Trunk-or-Treat*

*Christmas Eve*

*Other* \_\_\_\_\_

*Cookies & Ornaments*

*Easter Egg Hunt*

*Mother's Day Tea*

*Family Fun Nights*

A graphic with the words "Thank you!" written in a large, elegant, cursive script. The text is black and set against a light, circular background.