



# Children's Ministry Sunday School Registration Form 2008-2009 Program Year

*Church school at Third Presbyterian Church is held on  
Sundays from 11:00am-12:00 noon, September—June  
For children through 6<sup>th</sup> grade*

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ grade in school (or age) for 08-09 \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Household e-mail Address \_\_\_\_\_

Allergies or other conditions we should be aware of (food reactions, physical limitations, ADD/ADHD, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact (name & phone #) \_\_\_\_\_

I am available to help. . .

As a substitute teacher

As a parent helper in the classroom

with large group Sunday School

As a member of the Children's Ministry Committee

Comments: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Third Presbyterian Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Third Presbyterian Church's Children's programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from September, 2008 until June 2009.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_