

**EAST MAIN PRESBYTERIAN CHURCH  
5<sup>TH</sup> AND 6<sup>TH</sup> GRADE AFTER-SCHOOL  
FAITH FORMATION PROGRAM – FALL 2018**

**STUDENT REGISTRATON FORM**  
*(REQUIRED)*

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Student Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Student Mailing Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_

Parent Mobile Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Relation to child: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Action to be taken in case of allergic reaction: \_\_\_\_\_

\_\_\_\_\_

Please share other information we should know for the health, safety, and confidence of your child's full participation in this program. For example, does your child have an IEP or have wraparound or similar services at school? Does your child have dyslexia and prefer to listen rather than read content during Bible study? Any information you share in the section below will be kept confidential and only shared with adult program leaders on an as-needed basis.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names and phone numbers of people other than you who have permission to pick your child up from the program:

Name:

Phone:

_____	_____
_____	_____
_____	_____
_____	_____

Are there any safety concerns about / for your child that we need to be aware of? If so, please briefly describe below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



I, the undersigned, am the parent or legal guardian of (please print)

\_\_\_\_\_

a minor, and I give my consent for him / her to participate in **EAST MAIN PRESBYTERIAN CHURCH'S 5<sup>th</sup> and 6<sup>th</sup> Grade After School Faith Formation Program that will take place on Thursdays, September 20 through December 6, 2018.**

**In signing my name below I give permission for:**

- My child, named above, **to receive medical treatment in the case of an emergency.** I authorize **MELISSA DANIELSON, LUKE FUGATE, or ANOTHER AUTHORIZED ADULT LEADER** to give consent for medical care in the case of an emergency.
- **Photos** of my child to be taken and used by East Main Church. If I DO NOT permit this, I understand that I must submit a separate written request to Melissa Danielson by September 27, 2018.

PARENT's Name Printed: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_