

Fair Oaks Presbyterian Church

Child/Youth Registration & Consent Form

Please fill out both sides of this form for all children/youth participating in the Christian Education and/or Youth programs at Fair Oaks Presbyterian Church. This information will be kept confidential and maintained by the church staff. Please print.

Family Name of Child(ren)/Youth: _____

Child/Youth 1: _____	Child/Youth 2: _____
Age/Grade/Birthdate: _____	Age/Grade/Birthdate: _____
Youth Cell/Email: _____	Youth Cell/Email: _____
Child/Youth 3: _____	Child/Youth 4: _____
Age/Grade/Birthdate: _____	Age/Grade/Birthdate: _____
Youth Cell/Email: _____	Youth Cell/Email: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____

Parent/Guardian Cell Phone: _____ Email: _____

Parent/Guardian Cell Phone: _____ Email: _____

Write name of child/youth for programs he/she will participate in:

_____ Nursery	_____ Bridges to Worship (K - 1st)	_____ Preschool Sunday School (age 3 by 1/1/16)
_____ K - 5th Sunday School	_____ Mid High Sunday School	
_____ Mid High Youth Group	_____ Senior High Youth Group	
		_____ LOGOS* (1st - High School)

* LOGOS registration/fee required separately, however this form will cover basic information and consent.

EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

PERMISSIONS:

Permission for the following people to pick up my child/youth:

Name: _____ Phone: _____

Name: _____ Phone: _____

PERMISSIONS:

For K - 5th: Permission to leave Sunday School with a 6th grade or older sibling: YES NO

For Youth: Permission to leave Fair Oaks after a program without an adult: YES NO

Permission for an adult leader to drive my youth home from an off-site activity: YES NO

Permission to publish photo/videos (may include electronic media) of the afore named child/youth. YES NO

I understand that photos/videos will only be used to enhance the communication and ministry of our congregation, such as worship, Christian Education, mission trips, youth events and other special events- and that subjects will not be identified by name.

MEDICAL INFORMATION:

Allergies, Medical Conditions, or Medications Taken (Please give name of child/youth): _____

Name of Insured: _____

Insurance Company: _____ Policy Number: _____

PARENT/GUARDIAN PARTICIPATION:

It takes a village! Your help and participation in our Christian Education and youth programs is essential to their existence and functioning. Not only do you demonstrate the importance of the church and its ministry to your children and youth, but they really do like to see you! Please check those programs and events for which you would like to volunteer.

Sunday School, K - 5th (Rotation: choice of Sundays, 9:00 - 9:50 am, Sept. - May)

Mid High Sunday School (Sundays 9:00 – 9:50 am, team teach, rotate Sundays, Sept. - May)

Bridges to Worship (Sun. 10:15 – 10:50 am, rotate Sundays, Fall, Spring, Summer)

LOGOS- Front Table; Bible Study team (Elem., Mid High, or Senior High); Recreation team (Elem. or Mid High); Crafts team (Elem.); Visual Worship (Mid High or Senior High); or Table Parent for Elem., Mid High, or Senior High (Wednesdays, times vary, Sept. – Mar.)

Choose area of interest: _____

AUTHORIZATION AND WAIVER:

My child has permission to participate in the Christian Education and youth programs sponsored by Fair Oaks Presbyterian Church, and any trips and special activities sponsored by such programs. In the event of illness or accident, if I cannot be reached or if circumstances require immediate action, I authorize the church and its agents to consent to any examination, treatment or medical care for my child that is deemed advisable and provided under the supervision of medical personnel. I also release the church and its agents from responsibility in the case of illness or accident in connection with church activities.

I understand that providing the Medical Information above is optional, and is for the purpose of providing Fair Oaks with information about my child's allergies, medical conditions and health insurance in the event of a medical emergency.

Signature of parent/guardian: _____ Date: _____