



Peace Dale
CONGREGATIONAL CHURCH

**CHRISTIAN EDUCATION PROGRAM
PARTICIPANT REGISTRATION**

Parent/guardian 1 name: _____

Parent/guardian 2 name: _____

Address: _____ Home phone #: _____

Parent/guardian 1 cell phone #: _____ E-mail address: _____

Parent/guardian 2 cell phone #: _____ E-mail address: _____

Additional emergency contact person name and relation: _____

Registration is required for all persons under age 18.

BASIC INFORMATION

1. Child/youth name: _____ Last school grade completed: _____

Birth date: _____ Age: _____ Male/female: _____

9 AM or 11 AM church school session: _____ *(Please indicate both services if you may alternate times.)*

Youth group activity: _____

Does youth have any allergies or health conditions? _____

Are medications being taken? _____

2. Child/youth name: _____ Last school grade completed: _____

Birth date: _____ Age: _____ Male/female: _____

9 AM or 11 AM church school session: _____ *(Please indicate both services if you may alternate times.)*

Youth group activity: _____

Does youth have any allergies or health conditions? _____

Are medications being taken? _____

3. Child/youth name: _____ Last school grade completed: _____

Birth date: _____ Age: _____ Male/female: _____

9 AM or 11 AM church school session: _____ *(Please indicate both services if you may alternate times.)*

Youth group activity: _____

Does youth have any allergies or health conditions? _____

Are medications being taken? _____

4. Child/youth name: _____ Last school grade completed: _____

Birth date: _____ Age: _____ Male/female: _____

9 AM or 11 AM church school session: _____ (*Please indicate both services if you may alternate times.*)

Youth group activity: _____

Does youth have any allergies or health conditions? _____

Are medications being taken? _____

EMERGENCY CONSENT

In case of an emergency when youth is offsite and a parent and guardian cannot be reached, I hereby grant permission to Peace Dale Congregational Church or its designee to transport and/or obtain emergency medical treatment for my youth.

Medical Insurance Company: _____ Policy Number: _____

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____

MEDIA RELEASE

Photographs or other recordings (videos, voice recordings, reproductions) are used for publication purposes. Please complete the requested info below and to indicate that you give permission for such photos and recordings of your youth be used for these purposes.

I have read and understand the purposes for which photographs or videos of my youth may be used, and:

I GRANT PERMISSION to post such material as indicated above.

Parent/guardian name: _____

Parent/guardian signature: _____ Date: _____



Peace Dale
CONGREGATIONAL CHURCH

**CHRISTIAN EDUCATION PROGRAM
VOLUNTEER REGISTRATION**

Please indicate your availability below. We greatly appreciate your help!

Name: _____

Address: _____

Home phone #: _____ Cell phone #: _____

E-mail address: _____

- I am willing to teach.
 Every week
 Every other week
Age preference: _____

- I am willing to substitute.
Age preference: _____

- I am willing to assist in the classroom.
Age preference: _____

- I am willing to assist with the youth programs.
 Middle School Youth Group
 High School Youth Group

- Please contact me at a later date.

MEDIA RELEASE

Photographs or recordings (voice recordings, videos, reproductions, etc.) are sometimes used for publication purposes. Please complete the requested info below and to indicate that you give permission for such photos and recordings of you be used for these purposes.

I have read and understand the purposes for which photographs or videos of my youth may be used, and:

- I GRANT PERMISSION** to post such material as indicated above.

Name: _____

Signature: _____ Date: _____