

**NORTH LAKE PRESBYTERIAN CHURCH
CHILD ENROLLMENT FORM
FALL 2021**

Please complete an enrollment form for each of your children registering – thank you!

FOR ANY OF THE FOLLOWING: CHILD CARE ____ SUNDAY SCHOOL ____ VBS ____

NORTH LAKE ON WEDNESDAYS – NOW! ____

I will provide transportation for my child(ren) ____

I would be willing to drive other children from same school ____

My child will need transportation from school to the church each week ____

I give permission for my child/youth to be transported to and from church-sponsored activities in a church, rental, or private vehicles. Please sign: _____

CHILD'S NAME _____ Male/Female _____

DATE OF BIRTH (month/day/year) _____ SCHOOL _____

GRADE this fall _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____

EMAIL ADDRESS _____ PHONE NUMBER _____

ALLERGIES _____

SPECIAL NEEDS _____

OTHER INFORMATION THAT MAY BE HELPFUL FOR WORKERS IN PROVIDING CARE

Below are the authorized person/persons who may pick up my child(ren)

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

Note: For your child's safety any unfamiliar person will be required to show identification. Under no circumstances will a child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian. A minor cannot pick up children.

RELEASE FOR MINOR CHILDREN (Under 18)

I (*print name*) _____, parent or official guardian of
(*child's name*) _____, hereby grant permission to NLPC,
its employees or representatives, to take and use photographs/digital images, videotape,
audio recording or quoted remarks of *my child* for use in church promotional or educational
materials.

DATE _____ SIGNATURE _____

NORTH LAKE PRESBYTERIAN CHURCH EMERGENCY MEDICAL CONSENT

North Lake Presbyterian Church has my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

MOTHER/GUARDIAN'S NAME _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

FATHER/GUARDIAN'S NAME _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

FAMILY PHYSICIAN _____

INSURANCE PROVIDER _____

MY CHILD IS TAKING THE FOLLOWING MEDICATIONS

MY CHILD HAS THE FOLLOWING ALLERGIES

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge North Lake Presbyterian Church from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored activity.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____