

Initially filled out for:

_____ Sunday School

_____ Kids Club

_____ Turning Point

Youth Activity Registration 2017-2018

DATE: _____

CHILDREN ATTENDING FROM YOUR HOUSEHOLD:

Child's Name _____ Birth Date _____ Grade Entering in Fall _____

Allergies/Special Concerns _____

Action to take in case of reaction _____

Child's Name _____ Birth Date _____ Grade Entering in Fall _____

Allergies/Special Concerns _____

Action to take in case of reaction _____

Child's Name _____ Birth Date _____ Grade Entering in Fall _____

Allergies/Special Concerns _____

Action to take in case of reaction _____

Please use additional forms if you are registering more than 3 children.

CONTACT INFORMATION: (**Must be completed even if parents are not dropping off/picking up*)

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Email _____

Cell Phone(s) _____

ALTERNATE CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

ADDITIONAL INFORMATION WE NEED TO KNOW CONCERNING YOUR CHILD(REN)

HOME CHURCH (if applicable) _____



Heritage Presbyterian Church
140 Airport Road
New Castle, DE 19720
302-328-3800
Email: office@HeritagePCA.net
Web: www.HeritagePCA.net
(check website for cancellations and other information!)

