

HPC Youth Activity Registration 2018-2019

Initially filled out for:

____ Sunday School

____ Turning Point

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 _____

Please use additional forms if you are registering more than 2 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 _____

PLEASE INITIAL THE FOLLOWING IF THEY ARE APPLICABLE

PHOTOGRAPHIC PERMISSION

_____ I allow Heritage Presbyterian Church to photograph my child during events. These may be shared within the church or posted online via HeritagePCA.net or on Facebook at Heritage Presbyterian Church

CONTACT PERMISSION (*optional and for Turning Point parents only*)

_____ I allow the Turning Point youth leaders to contact my child directly via his/her cell phone

Student's cell #, if applicable _____

DISMISSAL

_____ I understand that my child will not be allowed to leave any activity by themselves unless I have contacted leaders to give permission ahead of time.

TRANSPORTATION

_____ I give permission for my child to be transported to and from events by youth leaders.

Parent Signature: _____

Date: _____

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

HOME CHURCH (if applicable) _____