

# APC Wednesday/Sunday

## Registration Form

Wednesday Only    Sunday Only    Wednesday & Sunday

FOR OFFICE USE ONLY

Date	Check #	Amount

### Family Participants

Adult \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Adult \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child/Youth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child/Youth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child/Youth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Child/Youth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Church Affiliation \_\_\_\_\_ Schools children/youth attend \_\_\_\_\_

### Wednesday Dinner Reservations

Meal cost is \$3.50/week or \$40/semester

We plan to eat dinner at APC Wednesday:

We will pay by the semester: \$40 x \_\_\_\_\_ (# of people) = \$ \_\_\_\_\_

We will pay at the door each week.

We are asking for financial assistance.

We will donate to provide dinner scholarships. Amount: \$ \_\_\_\_\_

**TOTAL: \$ \_\_\_\_\_**

We do not plan to eat at APC Wednesday

Please note: even if you don't eat, you are welcome to stay for fellowship.

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Please turn to  
other side.

# APC Wednesday/Sunday

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### Permission for Field Trips, Photos & Medical Release

I give my permission for my child(ren) to participate in all Wednesday and Sunday activities approved by the Discipleship/Christian Education Committee, its leaders, and Ankeny Presbyterian Church. My child(ren) may be photographed and/or videotaped for Ankeny Presbyterian Church's own promotional and informational purposes. I understand that photos may appear in print or on the church website. Ankeny Presbyterian Church has my permission to obtain emergency medical and/or dental care for my child in the event that I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

### Important/Emergency Information

What should we know about you or your child to ensure the best experience possible at APC? Please note learning or physical disabilities, food or medicine allergies, medical conditions, etc. Attach additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

### APC Wednesday Transportation

Please contact me: we will need transportation for \_\_\_\_\_ number of people.

### Child/Youth Covenant

My behavior at Ankeny Presbyterian Church will reflect Christian thought and concern for others. Courtesy will be given at all times. I will:

- Be respectful to adults, other kids, and myself.
- Be respectful to the property of the church and of others.
- Be respectful to God.

I understand the expectations listed above, and I agree to follow them during all Ankeny Presbyterian activities.

Child/Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Child/Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

When children/youth are not following the covenant, the following discipline sequence will take place:

- Verbal warning
- Temporary removal from activity, discussion with leader to create appropriate behavior plan
- Removal from activity, parent contacted

### Adult Covenant

We have read through the Child/Youth Covenant above as a family with my child(ren). I/we agree to take immediate responsibility should my/our child be disrupting the class or activity, as determined by the Director of Christian Education or another APC leader.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_