

Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cellphone: (____) _____

Home email address: _____

Home church: _____

Allergies, medical conditions, or special needs: _____

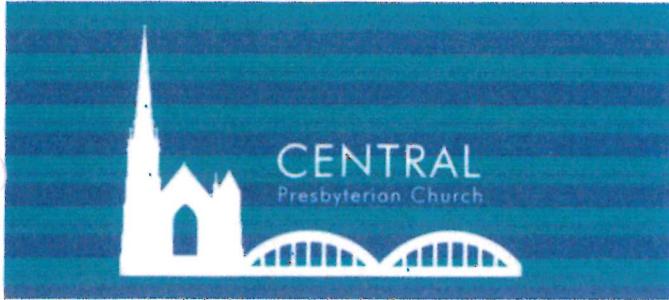


In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Crew number or name (for church use only): _____



Photo/Video Release Form

At Central Presbyterian Church, we desire to honour your privacy. Please read this form carefully, consider the options for release of photos/video on the internet, and check the appropriate options based on your preference.

I, _____ (please print name),

give Central Presbyterian Church permission to use/post photos and/or videos taken of our children attending VBS or other Family Ministry events. Photos/videos may be used on the Church website, social media channels or promotional videos but names will not be used.

- Yes, you may publish my child(ren)'s picture/video in this manner.
- No, you may **NOT** publish my child(ren)'s picture/video in this manner.

Central Presbyterian Church and its staff are not held liable for the release of photos/video permitted by this agreement. This release form stays in effect until revoked by me in writing.

Parent/Guardian Signature: _____

Date: _____