

2011-2012 Church School Registration and Consent Form

Children in Your Household: _____

Child # 1: _____ Grade in 2010-2011: _____
Known Food Allergies? _____ Special Needs: Y/N

Child # 2: _____ Grade in 2010-2011: _____
Known Food Allergies? _____ Special Needs: Y/N

Child # 3: _____ Grade in 2010-2011: _____
Known Food Allergies? _____ Special Needs: Y/N

Name of Mother: _____

Name of Father: _____

Resides with? Both Father Mother

Address: _____ Phone: _____

Email Address of Parents: _____

It is important to give us your email address as that is the mode of communication with parents for the majority of the school year as we try to keep our postage costs to the minimum . If you are not on the list for church school you will miss important updates and information for your children .

Emergency Contact (If for some reason we cannot get you on a Sunday morning):

Name: _____

Phone: _____

Relationship: _____

I am the parent or legal guardian of

_____ Date of Birth ____/____/____,

_____ Date of Birth ____/____/____,

_____ Date of Birth ____/____/____, who is/are enrolling as a participant
in church school at

First Presbyterian Church of Rumson, NJ. My signature below these provisions indicates that I agree with, accept, and acknowledge the information contained in this document.

I understand that all Church School students are expected to follow rules of common courtesy, show respect for property and others, and must follow the instructions they are given by pastors, teachers, and staff.

I understand and hereby agree that my child may be subject to dismissal from the church school program for violation of these rules.

I understand a parent or guardian is normally expected to be present in the church or on the church grounds while their child is attending church school. In the event of an injury or medical emergency to my child that occurs when a parent or guardian of my child is not present at church and otherwise cannot be reached despite reasonable attempts by teachers and staff, I hereby authorize the teachers and staff of the Church School to obtain all necessary emergency treatment. I hereby authorize the attending physician to administer any emergency treatment, including surgery which is deemed necessary. I acknowledge that I am responsible for any charges incurred in the treatment of my child. I also acknowledge that the First Presbyterian Church of Rumson is not responsible for any medical bills incurred for any medical treatment provided to my child while in attendance at church school.

In the consideration of the benefits to be derived by enrollment in the First Presbyterian Church of Rumson church school, I hereby release and hold harmless the First Presbyterian Church of Rumson, its officers, employees, volunteers, or agents, and any medical treatment personnel or facilities selected, from any and all liability or damages including accidental death, injury or illness, which may result from the participant's voluntary enrollment in the First Presbyterian Church of Rumson's church school.

Attach Photocopy of Both Sides of Policy Holder's Insurance Card

Parents/Guardians Signature: _____ and _____

Date: _____

I authorize First Presbyterian Church of Rumson, NJ to photograph/video my child(ren) for in church use only. Y/N _____

If you have any further medical/behavioral concerns or other restrictions pertaining to your child, please put them in writing. Thank you