

SPRING HILL PRESBYTERIAN CHURCH

Children's Registration 2020-2021

CHILD'S INFORMATION			
Child's Name _____	Date of Birth _____	Gender (circle one)	M F
School Attending _____		Grade _____	
Name and Grades of Siblings: _____			
School/Extracurricular Activities:	Fall:	Spring:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Allergies or Food Intolerances: _____ _____ _____	Does your child have any special needs or things that can help him or her?: _____ _____ _____
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CHILD'S INFORMATION (2)			
Child's Name _____	Date of Birth _____	Gender (circle one)	M F
School Attending _____		Grade _____	
Name and Grades of Siblings: _____			
School/Extracurricular Activities:	Fall:	Spring:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Allergies or Food Intolerances: _____ _____ _____	Does your child have any special needs or things that can help him or her?: _____ _____ _____
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PARENT/GUARDIAN INFORMATION

Parent's Guardian's Names _____	Parent's Guardian's Names _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone Number _____	Cell Phone Number _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____
Mailing Address _____	Mailing Address _____
City, State, ZIP _____	City, State, ZIP _____

ALTERNATE EMERGENCY CONTACTS

Primary Emergency Contact _____	Secondary Emergency Contact _____
Home Phone _____	Home Phone _____
Cell Phone Number _____	Cell Phone Number _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____
Mailing Address _____	Mailing Address _____
City, State, ZIP _____	City, State, ZIP _____

WAIVER/PERMISSION PHOTO RELEASE/RELEASE OF ALL CLAIMS

I hereby grant permission to Spring Hill Presbyterian Church, Mobile, AL to use my child's/children's photograph on their website, multimedia, or in other official organization printed publications. I also acknowledge that Spring Hill Presbyterian Church, Mobile, AL may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with the photograph.

Parent's/Guardian's Signature

Date

MEDICAL INFORMATION

Insurance Name _____	Policy/Group Number _____
Insurance Address _____	Insurance Phone Number _____
City, State, ZIP _____	
Policy Holder Name _____	Work Phone Number _____

I give permission for my child/children to participate in Sunday school, small groups, retreats, VBS, and special events. In case of emergency, I understand that every effort will be made to contact the parents, guardians, or alternate contact of the registered child. In the event that I cannot be reached, I give permission to the physician selected by Spring Hill Presbyterian Church to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. I understand that I am financially responsible for any expense for medical car or transportation incurred on my child's behalf. I hereby release Spring Hill Presbyterian Church, its employees, and volunteers from any responsibility for injuries or illness occurring as a result of or coincidental to my child's participation in these programs.

Parent's/Guardian's Signature

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO OFFICE OR CHILDREN'S MINISTRY STAFF