

West Chester Presbyterian Church Family Registration Form

Welcome to West Chester Presbyterian Church! We are glad you are here. If you are visiting for the first time today, please share some information about you/your family.

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NAME	DATE OF BIRTH	GRADE	ALLERGIES

Parent/Guardian Name: _____

Address: _____

E-Mail Address: _____

Phone: (Cell) _____ (Alt. Number) _____

Emergency Contact Name: _____ Phone: _____

My child(ren) has permission to receive a snack during church programming that **does not include** peanut butter or egg. (circle one): Yes No

I am interested in being added to the churchwide email list (circle one): Yes No Not Yet

I would be interested in helping at West Chester Presbyterian Church with:

- Nursery Worship Extension (during worship hour)
- Crafts/activities Sunday School
- Other (*please explain*) _____

Where did you learn about West Chester Presbyterian Church? _____

Media Release

I give permission for photos and videos of me and/or my children taken at West Chester Presbyterian Church to be used for this church's publicity (during worship on a PowerPoint, church newsletter, website, social media, etc.). I am aware that this church will always ensure the pictures are respectful in their nature and appropriate to the activity promoted, and that no link can be made between the image of my child and their full name, address, etc. in order to avoid personal information being displayed or accessed publicly.

Signature & Date _____

Name (printed) _____

West Chester Presbyterian Church Medical Authorization Form

Medical Release

I authorize the staff/members/volunteers of West Chester Presbyterian Church to act on my behalf according to their best judgment in any emergency that requires securing medical attention for my child, and I waive and release West Chester Presbyterian Church staff/members/volunteers from all liability for any injuries or illnesses incurred while participating in church activities.

Child(ren)'s Name(s) _____

Parent's Signature & Today's Date _____

Parent's Name (Printed) _____

In case of an emergency, please contact:

Primary Emergency Contact Name: _____

Primary Emergency Contact Phone: _____

Secondary Emergency Contact Name: _____

Secondary Emergency Contact Phone: _____