

STUDENT REGISTRATION FORM – SUNDAY SCHOOL/NURSERY

NEW CASTLE PRESBYTERIAN CHURCH

2026-2027

Please complete both pages of this form and sign your name and date to certify that the information contained is accurate to the best of your knowledge.

STUDENT INFORMATION

Student Name (First MI Last): _____

Date of Birth: _____ Age: _____ Gender (Circle): Male Female

Baptized (Circle): Yes No Date: _____

School or Preschool: _____

Grade if applicable (Circle): K 1st 2nd 3rd 4th 5th

Student lives with (Circle): Both Parents Mother Father Guardian

Parent/Guardian Name: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____

Cell Phone: _____ Email: _____

Student's Primary Address

Street Address: _____

City: _____ State: _____ Zip: _____

STUDENT PICK-UP INFORMATION

Immediately after worship, families must pick up children from the nursery. Sunday School will dismiss from the Fellowship Hall.

The following people are authorized to pick up student from Sunday School/Nursery:

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

HEALTH INFORMATION

List any special needs, medical conditions, or allergies:

EMERGENCY CONTACT INFORMATION

How can you be reached during Sunday School/Nursery?

Parent/Guardian: _____

Parent/Guardian: _____

Other emergency contact:

Name: _____ Relationship to Student: _____

How this individual can be reached: _____

By signing below, you certify that the information provided on this form is accurate to the best of your knowledge. Your signature also indicates that you acknowledge and agree to participate in Sunday School/Nursery at your own risk. New Castle Presbyterian Church shall not be responsible for any loss or injury sustained in connection with such participation.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

PHOTO RELEASE PERMISSION

As a parent/guardian of this student, I hereby consent to the use of photographs/videos taken during Sunday Worship, Sunday School/Nursery, and Coffee Hour for publicity, promotional and/or educational purposes (including publications, presentations or broadcast via newspaper, internet or other media sources). Children's names will not be printed or published in any promotional or educational materials. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____