

# STUDENT REGISTRATION FORM – SUNDAY SCHOOL/NURSERY

## NEW CASTLE PRESBYTERIAN CHURCH

2023-2024

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 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

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:

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**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: \_\_\_\_\_