



Christ Presbyterian Church  
*knowing Christ and making Him known*

## 2024-25 CPC Children & Youth Programs Enrollment Form

Thank you for enrolling your child/youth in Christ Presbyterian Church's (CPC) Children and Youth Programs. All programs offered at CPC are designed to teach a comprehensive biblical world view, through age-specific curriculum. We are trusting God to reveal Himself through His Word and to raise up a generation of children that know Christ and make Him known!

### CHILD/YOUTH INFORMATION

Child/Youth's Full Name: \_\_\_\_\_

Academic School Grade (2024-2025): \_\_\_\_\_ School Name: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender (M/F)

### PARENT/GUARDIAN INFORMATION

Father's Full Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

### HOME INFORMATION

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### EMERGENCY CONTACT (other than Parent or Guardian)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Does your child/youth have any Special Medical Condition(s) or Allergies that we should know (including any foods or food ingredients)?

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### INFORMATION on SPECIAL LEARNING NEEDS

Does your child/youth have any special learning needs that we should know?

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or Guardian)*

# MEDICAL RELEASE

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of **CPC Children & Youth Programs** to secure the services of a licensed physician to provide the care necessary for my child/youth's well-being.

I, the parent or legal guardian of the child/youth listed above, also release Christ Presbyterian Church and any adults in charge from any and all claims resulting from injury or damage that may be sustained by my child/youth while participating in **CPC Children & Youth Programs**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or Guardian)*

# PHOTO/TECH PARTICIPATION RELEASE

CPC Children & Youth Programs are offered through a variety of memorable activities, which are sometimes recorded (through video-tape, photography, audio-taped interviews, and/or other electronic/digital means).

We often utilize these collected sounds, and images, at times when the memories are valuable motivators, such as during CPC Children & Youth Programs training or promotion.

Names are not purposely displayed unless those being photographed and/or videotaped are wearing identifying tags or clothing.

Please mark the applicable line below in regard to your willingness to allow your student to be photographed, recorded, video, and/or audio taped.

\_\_\_\_\_ I hereby give my consent for my child/youth to be included in any pictures, video/audio recordings, or other electronic means. I also give my consent for my child/youth's image, likeness, or voice, to be used in promotional materials and on the Church website, Facebook, and VIMEO.

\_\_\_\_\_ I hereby request that my child/youth **NOT** be photographed, videotaped, or interviewed for possible use in video/audio recordings or use on promotional materials, and on the Church website, Facebook, and VIMEO.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or Guardian)*

*Please place completed Registration Forms at the Children's Bulletin Table in the Church Foyer or return to Assistant Pastor of Youth and Families. Thank you.*

*\*\*Registration of any additional child(ren)/youth in a household must be done on a new registration form.*