Children & Youth Ministry Registration

Fill out one form per family

Today's Date:				
Family Information:				
Primary Mailing Address				
Secondary Mailing Address		Send information to both addresses		
Guardian Name		<u>—</u>		
Preferred NumberCe	ll/Home	Phone 2	Cell/Home	
Email address		Preferred Communication: Phone	Email	
Guardian Name				
Preferred NumberCe	ll/Home	Phone 2	Cell/Home	
Email address		Preferred Communication: Phone	Email	
Guardian Name				
Preferred NumberCe	ll/Home	Phone 2	Cell/Home	
Email address		Preferred Communication: Phone	Email	
Emergency Information:				
Emergency Contact & Relationship		Phone Number		
Approved Persons for Pick-up				
Names of Extended Family at BMPC				
IMAGE/NAME	PERMIS	SION & RELEASE		
Bryn Mawr Presbyterian Church may wish to photograph, verified the purpose of promoting the Church. We will not publish it give permission for my child to be videotaped, photographed BMPC to use said videotaped, photographed, and/or record or other media, for publicity purposes or in any other non-cthat I may have to said videotaped, photographed, and/or it	dentifying in ed, and/or re ded materials commercial n	formation (i.e. name, grade) in conjuncti corded, in connection with the Church. I s in BMPC publications, websites, social in nanner that it chooses. I hereby waive a	ion with an image. I I give permission for media, CD's, DVD's	
Participant's Name(s) (please print)				
Parent/Guardian Name (please print) Parent/Guardian Signature				
Parent/Guardian Signature(Form	continued o	on back)		

Participant Information:

Participant 1 Full I	Name				Preferred Name
Birth Date			Current Age		Grade as of Sept. 1
Baptized? Yes	No	Unknown	Cell Number		Email
School Currently Attending School					rict
Special Considerat	ions (inc	luding allergies	.)		
Participant 2 Full I	Name				Preferred Name
Birth Date			Current Age		Grade as of Sept. 1
Baptized? Yes	No	Unknown	Cell Number		Email
School Currently Attending School D					:rict
Special Considerat	ions (inc	luding allergies	.)		
Participant 3 Full I	Name				Preferred Name
Birth Date			Current Age		Grade as of Sept. 1
Baptized? Yes	No	Unknown	Cell Number		Email
School Currently A	ttending	<u> </u>		School Dist	rict
Special Considerat	ions (inc	cluding allergies	s)		
Participant 4 Full I	Name				Preferred Name
Birth Date					Grade as of Sept. 1
Baptized? Yes	No	Unknown	Cell Number		Email
School Currently Attending School			School Dist	rict	
Special Considerat	ions (inc				
		(F0	r additional children, plea	se use an addition	iai jormj
Sign Us Up	For:				
	-		owing weekly eNews emai		
Children & Fa	amilies	Nursery (in	fants, toddlers, 2s) Y	outh Ministry	Fine Arts

Yes, I would like to receive text message reminders for programs.