STUDENT REGISTRATION FORM – SUNDAY SCHOOL/NURSERY

NEW CASTLE PRESBYTERIAN CHURCH

2024-2025

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: _____