



Registration Form

ZPC students

A ministry of Zionsville Presbyterian Church

For name tag and contact purposes, please complete legibly:

Parent Name(s): _____

Address: _____

City & Zip: _____ Home Phone: _____

Cell Phone: (Father) _____ (Mother) _____

*E-Mail: (Father) _____ (Mother) _____

**Email will be the main form of communication.*

ZPC families you are related to? _____

How are they related to you? _____

Children and Youth Information:

	Child #1	Child #2	Child #3	Child #4
First Name:	_____	_____	_____	_____
Middle:	_____	_____	_____	_____
Last:	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
DOB:	_____	_____	_____	_____
Gender:	_____ M / F _____	_____ M / F _____	_____ M / F _____	_____ M / F _____
Grade/Class:	_____	_____	_____	_____
School Attends:	_____	_____	_____	_____
Allergies/Needs:	No / Yes, list below	No / Yes, list below	No / Yes, list below	No / Yes, list below

Child # ____: _____

Child # ____: _____

Additional Information for Youth:

First Name	Cell Phone <i>(text allowed Y or N)</i>	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Medical Treatment and Photo Release:

In the case of a medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give permission to a representative of Zionsville Presbyterian Church to secure prompt medical treatment for my child. I understand that every attempt will be made to notify me in the case of a medical emergency. I understand that my child may be photographed, and that these photographs may be included in publications and websites of ZPC.

Emergency Contact: _____ Phone: _____ Relationship: _____

Signature of Parent or Guardian: _____ **Date:** _____

I'm interested in volunteering with Youth Children I'm currently volunteering with Youth Children

Children and Youth Information *(continued)*:

	Child #5	Child #6	Child #7	Child #8
First Name:	_____	_____	_____	_____
Middle:	_____	_____	_____	_____
Last:	_____	_____	_____	_____
Nickname:	_____	_____	_____	_____
DOB:	_____	_____	_____	_____
Gender:	_____ M / F _____	_____ M / F _____	_____ M / F _____	_____ M / F _____
Grade/Class:	_____	_____	_____	_____
School Attends:	_____	_____	_____	_____
Allergies/Needs:	No / Yes, list below	No / Yes, list below	No / Yes, list below	No / Yes, list below

Child # ____: _____

Child # ____: _____

Additional Information for Youth:

First Name	Cell Phone <i>(text allowed Y or N)</i>	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____