

**REGISTRATION
&
MEDICAL CONDITION REPORT & LIABILITY RELEASE**

This signed form is effective until September 30, 2008

Today's Date: _____

Child's Name: _____ Circle one: **M** **F**

Date of Birth: _____ Age: _____ Grade in fall of 2007: _____

Address: _____

City: _____

Zip: _____

Home phone: _____

Parent/Guardian Name/s _____

Cell phone: _____

E-mail: _____

Relationship to student if not Parent/Guardian _____

Address of Parent/s, Guardian/s or other (if different from Child): _____

City _____ Zip _____

Home phone: _____

Cell phone: _____

E-mail: _____

*For the safety of all the children, we request that a
PARENT OR AUTHORIZED ADULT picks up each child promptly after worship.
We also request that parents/guardians stay on site during church school.*

Description of Symptoms: Volunteers and church staff do not treat symptoms. However, are there guidelines to make this child safe and comfortable while waiting for parent/guardian or emergency equipment?



Student's name: _____ Date _____

Medical Release: If I (parent/guardian) cannot be readily reached in an emergency, I authorize paid or volunteer program staff of Lake Grove Presbyterian Church to obtain emergency medical care for my child.

Signature Date

Liability Release: I agree that neither Lake Grove Presbyterian Church nor its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child participating in a LGPC activity and I indemnify and hold LGPC harmless from any such claim.

Signature Date

Consent For Photography: I hereby give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, LGPC website, and posters. Circle one: **YES** **NO**

Signature Date

Student Special Consideration Information

Our dedicated volunteer teaching staff is committed to helping your child learn and grow in the love of Jesus Christ through carefully selected curriculum and fun activities. In order for us to be as prepared as possible to meet the individual needs of your child, please fill in any or all of the information you would like to share below.

Please share any special considerations that would be helpful for us to know about your child (For example: death of parent/grandparent/sibling? Recent divorce/separation? etc.)

Does your child have special physical and or learning needs? (For example: ADD/ADHD? Delayed speech/language? Reading/ learning disability? Activity limitations? Pervasive Developmental disorder/Autism? etc)

What learning environment best suits your student?

Communication is always welcome. Would you like a phone call from a member of your students teaching team?

Please circle one: YES No

Thank you for giving us the opportunity to share the love of Christ with your child.