

2011-2012 CHILDREN'S MINISTRIES ENROLLMENT FORM

The National Presbyterian Church
4101 Nebraska Avenue NW, Washington, D. C. 20016
Phone: (202) 537-7527 Email: grow@nationalpres.org
www.NationalPres.org

CHILD INFORMATION – Please print all entries

Child's Complete Name _____
(last) (first) (middle)

Male Female Child's DOB _____ Age at 9/30/2011 _____ Grade _____

School Attending _____
(name) (city)

Siblings (ages/grades): _____

Developmental/health concerns: _____

Allergies: _____

Other: _____

I give permission to NPC to use my child's photograph in church publications such as event information pages or the website. (Names will not accompany photographs) YES NO

My 3rd-5th grader can leave Sunday School independently at 10:20 YES NO

PARENT INFORMATION – Please provide parent information on each child's form.

Parent Name(s): _____

Phones:

Mother: Home _____ Cell _____ Business _____

Father: Home _____ Cell _____ Business _____

E-mail:

Mother _____ Father _____

Business E-mail:

Mother _____ Father _____

PARENT PARTICIPATION – Please indicate an area of giftedness/ interest for service in ministry.

- | | | |
|---|--|--|
| <input type="checkbox"/> Classroom Teaching | <input type="checkbox"/> Arts & Crafts Projects | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Classroom Assistance | <input type="checkbox"/> Pianist/Guitarist | <input type="checkbox"/> Reception & Hospitality |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Computer Graphics/Photography | <input type="checkbox"/> Service/Missions Interest |
| <input type="checkbox"/> Event Assistance | <input type="checkbox"/> Drama or Guest Presentation | <input type="checkbox"/> Chapel Leader |

THE NATIONAL PRESBYTERIAN CHURCH

Children's Ministries

Academic Year 2011-2012

Emergency Contacts and Medical Authorization

Child's name(s)

1. _____
2. _____
3. _____
4. _____

Parents' phone information

Home: _____ Business: _____ Other: _____
Home: _____ Business: _____ Other: _____

Health information of concern to staff (allergies, dietary restrictions, etc.):

MEDICAL AUTHORIZATION:

In the event of accident, injury or illness, I authorize any and all medical attention necessary to be administered to my child(ren), listed above, under the direction of the following medical professionals:

Physician's name(s) and address(es):

Physician's phone number(s): _____

Medical Insurance

Company: _____
Policy #: _____
Group or ID #: _____

Other contacts in the event of emergency:

Name:	_____
Relationship:	_____
Phone:	_____

Signature

Date