

Children & Youth Ministry Registration 2020-2021

Participant Information (one form for all children & youth):

Participant 1 Full Name _____ **Preferred Name** _____

Birth Date _____ Current Age (in years) _____ Grade as of Sept. 1 _____

Baptized? Yes No Unknown Cell Number _____

School Currently Attending _____ Virtual _____ In Person _____ Hybrid _____ School District _____

Special Considerations (including allergies, COVID related restrictions) _____

Participant 2 Full Name _____ **Preferred Name** _____

Birth Date _____ Current Age (in years) _____ Grade as of Sept. 1 _____

Baptized? Yes _____ No _____ Unknown _____ Cell Number _____

School Currently Attending _____ Virtual _____ In Person _____ Hybrid _____ School District _____

Special Considerations (including allergies, COVID related restrictions) _____

Participant 3 Full Name _____ **Preferred Name** _____

Birth Date _____ Current Age (in years) _____ Grade as of Sept. 1 _____

Baptized? Yes No Unknown Cell Number _____

School Currently Attending _____ Virtual _____ In Person _____ Hybrid _____ School District _____

Special Considerations (including allergies, COVID related restrictions) _____

Participant 4 Full Name _____ **Preferred Name** _____

Birth Date _____ Current Age (in years) _____ Grade as of Sept. 1 _____

Baptized? Yes No Unknown Cell Number _____

School Currently Attending _____ Virtual _____ In Person _____ Hybrid _____ School District _____

Special Considerations (including allergies, COVID related restrictions) _____

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Family Information (fill out once per family):

Guardian 1 Name _____

Preferred Number _____ Cell/Home Phone 2 _____ Cell/Home

Email address _____ Preferred Communication: Phone _____ Email _____

Mailing Address _____

Guardian 2 Name _____

Preferred Number _____ Cell/Home Phone 2 _____ Cell/Home

Email address _____ Preferred Communication: Phone _____ Email _____

Mailing Address _____

Emergency Contact & Relationship _____ Phone Number _____

Approved Persons for Pick-up _____

Names of Extended Family at BMPC _____

Guardian 3 Name _____

Preferred Number _____ Cell/Home Phone 2 _____ Cell/Home

Email address _____ Preferred Communication: Phone _____ Email _____

Mailing Address _____

Emergency Contact & Relationship _____ Phone Number _____

Approved Persons for Pick-up _____

Names of Extended Family at BMPC _____

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church may wish to photograph, videotape, or otherwise record the activities of the Church participants for the purpose of promoting the Church. We will not publish identifying information (i.e. name, grade) in conjunction with an image. I give permission for my child to be videotaped, photographed, and/or recorded, in connection with the Church. I give permission for BMPC to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, social media, CD's, DVD's or other media, for publicity purposes or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Participant's Name(s) (please print) _____ Yes No

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Sign Us Up For:

Please sign us up to receive the following E-news:
 Children & Families Nursery (infants, toddlers, 2s) Youth Ministry Fine Arts

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

