

# CHILD REGISTRATION FORM BAREFOOT SCHOOL 2010



Westminster Presbyterian Church

Monday, June 28 – Friday, July 2

9:00 a.m. – 12:00 p.m.

Registration form required for ALL children! One form per child.

Deadline for Registration is June 20.

- All children entering grades K-6 in Fall 2010 are welcome.
- Preschool program provided only for children (ages 3-5) of volunteers (minimum 3 days). Registration fee applies.
- Childcare provided at no charge for children (ages birth-3) of volunteers (minimum 3 days).

Child's Name: \_\_\_\_\_ M /F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Goes By (nickname): \_\_\_\_\_

One same-grade friend your child wants to be with (No requests after June 20): \_\_\_\_\_

Grade in Fall 2010: \_\_\_\_\_ If going into preschool, volunteer's name\*: \_\_\_\_\_

\*If you are registering a child for the preschool program, mom, dad, babysitter, or someone in the family is required to volunteer for at least 3 days. Please fill out a separate Volunteer Form.

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Caregiver's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (Please Check Regularly): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Your Church Affiliation: \_\_\_\_\_

How did you hear about Barefoot School? \_\_\_\_\_

Special care requirements (Special needs, allergies, medications\*\*, etc.): \_\_\_\_\_

\*\*If your child requires an epi pen, you MUST complete a Consent for Emergency Medication Administration Form.

Cost: \$15 per child (\$35 maximum per family)

Fee includes one music CD per family, craft supplies and a daily snack.

Scholarships are available. Please contact Debb Egli in the Children's Ministry office (412) 835-6630x220.

We would love for you to volunteer at Barefoot School! If you are interested, please fill out a separate Volunteer Registration form and return it to the Children's Ministry Office with this form.

Please return this form with your check made payable to Westminster Presbyterian Church to:

Westminster Presbyterian Church, 2040 Washington Road, Pittsburgh, PA 15241

Attention: Tracey Bosko

# CHILD PHOTO RELEASE FORM

Westminster Presbyterian Church

2040 Washington Road

Pittsburgh, PA 15241

Effective September 2009 through September 2010

Please fill out and sign the appropriate statement to either give or decline permission to use pictures of your child on the church website and/or for other church publicity. Please return this form to the Children's Ministry Office.

Name of Minor Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## To GRANT permission to use your child's pictures:

I, \_\_\_\_\_ (Please print your name) **GRANT permission** for Westminster Presbyterian Church to publish pictures of my child, \_\_\_\_\_ (Please print child's name) on the church's website or in the church's press releases, publicity information, newsletters or bulletins. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the webmaster or to Session that I object to any particular picture on the website, it will be removed as soon as possible.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

I GRANT permission for my child's name to be used for photo identification purposes.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## To REFUSE permission to use your child's pictures:

I, \_\_\_\_\_ (Please print your name) **REFUSE to grant permission** for Westminster Presbyterian Church to publish pictures of my child, \_\_\_\_\_ (Please print child's name) on the church's website or in the church's press releases, publicity information, newsletters, or bulletins. I further state that I have the right to give this permission as I am the child's parent or legal guardian.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_