



**2018-2019 Registration Form
Woods Memorial Presbyterian Church**

My child(ren) attend(s) the: 9:30 11:00 Both Date: _____

Oldest Child's Name: _____ Birthday: _____ Age: _____

(Mo/Day/Year)

Address: _____ Gender: _____ Baptized? _____

(Yes-Year or No)

School: _____ Grade(Fall 2018): _____

Parents Names: _____ Home Phone: _____

Email Address: _____ Cell Phones: _____

Siblings Name(s):	Date of Birth:	Grade/School they Attend:	Baptized Year:
_____	_____	_____	_____
_____	_____	_____	_____

Please note any medical condition (**allergies, epilepsy, learning disabilities, etc.**) or other helpful information for all children below (there's more room on the back of this page).

Media Release

I hereby grant do NOT grant Woods Memorial Presbyterian Church the right to obtain and/or use

my child's photograph, digitized image, video and/or voice recording

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for purposes associated with any Woods Memorial Presbyterian Church activity/event/trip.

I understand that such media and all subsequent uses of that media, including publications, presentations, web sites, videos and multimedia productions, become the property of Woods Church and may be disseminated to the public via appropriate media channels.

Parent /Guardian/Adult Signature

Printed

Date

All parents are expected to participate as a class leader on a rotating basis. Please contact me to help at either (circle one) 9:30 or 11:00am