



WEDNESDAY PROGRAMS FOR KIDS – Information Sheet

Child's Name _____ Goes By _____

Allergies _____

School _____ Grade this year (2015-16) _____

My Child will be attending (Please circle all that are applicable):

K2 (for children in Kindergarten – 2nd Grade)

ACOLYTES (for children in 3rd- 5th Grade)

GLORIA CHOIR (for children in 3K & 4K)

ALLELUIA CHOIR (for children in Kindergarten – 2nd grade)

JUBILEE CHOIR (for children in 3-5th grade)

Who will be picking up your child on most Wednesdays? _____

Are you available to help during class times? _____

Are you willing to help outside of class times? _____

Parent(s) Name _____

Phone #(s) _____

Email(s) _____

Address _____

Where can we find you during class/choir time? _____

Emergency Contact (if you cannot be reached):

Name _____ Phone _____

Relationship to Child _____

*please turn over for medical form & authorization for church transportation

Central Presbyterian Church, Anderson, SC
Medical Form and Authorization for Church Transportation

For and in consideration of Central Presbyterian Church taking my child to church related activities they are registered for, I, the undersigned parent/guardian do discharge Central Presbyterian Church from any and all liability for injury sustained by said child while attending or being transported. I understand that the vehicles will be driven by a staff or chaperone who has take then appropriate tests and been approved to drive the vehicle.

Further, I hereby authorize the Director of Children's Ministries, Amy Rawlings and advisors/chaperones to seek/provide

_____ (participant)
born on _____ at my expense, medical treatment and attention for
illness or injury.

Parent Signature _____ Date _____

Information needed for Emergencies

Child's Medical Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Additional Information Needed (medical concerns, problems, medication, activity restrictions, etc.):