

2017-2018 Christian Education and Music Registration Form
The Presbyterian Church in Morristown, 65 South Street, Morristown, NJ 07960
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Child(ren)'s Names (Please list all children in your family through high school):

Last name, First name, DOB, and Current grade

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

We are registering for (check all that apply):

MID-WEEK ___ SUNDAY SCHOOL ___ MIDDLE SCHOOL ___ TOWER CHOIR ___ MIDDLE SCHOOL YOUTH GROUP ___ HIGH SCHOOL YOUTH GROUP ___ CONFIRMATION ___ JAM ___

Does your child(ren) have any known allergies (yes/no) _____. If yes, please complete an ALLERGY FORM.

Does your child have any challenges (physical, behavioral, cognitive or emotional)? (yes/no) _____. If yes, please explain on the back of this sheet and/or speak to the Christian Ed Director or Youth Director privately.

Child(ren)'s Address _____

Parent(s) / Guardian(s) Name _____

Parent(s) / Guardian(s) Occupation _____

Mobile Phone _____ Work _____

Parent(s)/Guardian(s)Home Address (if different) _____

Email _____

Caregiver or Emergency Contact Name _____

Caregiver or Emergency Contact Mobile Phone _____

____ I/We would be interested in getting involved as a volunteer with children's, youth or music programs.

I hereby grant permission for my child(ren) to:

- Use all play equipment and participate in all activities offered for the program in which he/she is enrolled at The Presbyterian Church in Morristown (PCM),
- Leave the PCM Parish House under supervision of staff members for walks to the Church on the Green or for field trips in an authorized vehicle,
- Include my child in photos or audio/video recordings in PCM publications and PCM web and media sites in connection with a PCM program.

I hereby grant permission for the program director or adult advisor to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to:

- Attempt to contact a parent, guardian or emergency contact,
- A call to 911.

Any expenses incurred in securing emergency medical care will be borne by the child(ren)'s family. If you have concerns about any of these terms, please consult with the Christian Ed Director or Youth Director.

Signature of parent or guardian _____ **Date** _____