

FIRST PRESBYTERIAN CHURCH
ALBEMARLE, NORTH CAROLINA
2018-2019 YOUTH CLUB REGISTRATION
FAITH EXPLORERS
(4th & 5th Grades)



Please complete a registration form for each child.

Fall Semester

September 12 – December 12 from 3:15 p.m.–5:15 p.m.

Spring Semester

January 2 – April 17 from 3:15 p.m.–5:15 p.m.

<u>Name of Child</u>	<u>Birthday</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____

PARENTS' NAMES (FIRST AND LAST) _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

HOME TELEPHONE NUMBER _____

PARENT(S) CELL PHONE NUMBER(S) _____

EMERGENCY CONTACT NAME AND NUMBER

1.

2.

YOUTH CLUB MEDICAL RELEASE FORM

(Faith Explorers)

2018-2019

CHILD'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

IN CASE OF EMERGENCY NOTIFY:

(Please list full name, relationship and phone number)

1.

2.

In the event of an emergency requiring medical treatment, I give my permission to the church staff or designee to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE NUMBER _____

PLEASE LIST ANY MEDICAL INFORMATION YOU FEEL NECESSARY FOR US TO KNOW ABOUT YOUR CHILD/CHILDREN. (ALLERGIES, ETC.)

I hereby give my child/children permission to travel in town on Youth Club projects during the 2018-2019 Youth Club year.

SIGNED _____ DATE _____