

**First Presbyterian Church of Winter Haven, FL**  
**REGISTRATION FOR CHRIST KIDS PROGRAM 20\_\_-20\_\_**

Date: \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Dismissal Time \_\_\_\_\_

***Medical Information:***

Allergic reactions \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Other information about your child that might be helpful: \_\_\_\_\_

\_\_\_\_\_

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Child \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Dismissal Time \_\_\_\_\_

***Medical Information:***

Allergic reactions \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Other information about your child that might be helpful: \_\_\_\_\_

\_\_\_\_\_

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***Parent Information:***

Mother \_\_\_\_\_ Employed by \_\_\_\_\_

Father \_\_\_\_\_ Employed by \_\_\_\_\_

Phones: Mother: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Contact \_\_\_\_\_

Home Church \_\_\_\_\_

I can help with car pool ( ) Yes ( ) No

I am available to assist with the Christ Kids Program ( ) Yes ( ) No

Emergency Contact Person (in case we cannot reach a parent)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Plan # \_\_\_\_\_

**Please complete the back of this form and have it notarized.**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**PARENTAL CONSENT AND AUTHORIZATION  
CHRIST KIDS PROGRAM**

First Presbyterian Church  
Winter Haven, Florida

I/We, the undersigned parent(s) of \_\_\_\_\_  
Give consent for my/our child(ren) to participate in the September \_\_\_\_, 20\_\_ – May \_\_\_\_,  
20\_\_ Christ Kids program of First Presbyterian Church of Winter Haven. I/We hereby give  
consent and permission for my/our child(ren) to participate in all planned activities of the  
program, including bowling and swimming parties off site. I/We hereby give permission for  
my/our child(ren) to be transported to off site activities by church staff or volunteer drivers.

If circumstances arise under which any of the adult supervisors deems it necessary to apply  
first-aid measures for my/our child(ren), I request and authorize the adult supervisors to apply  
such immediate, nonprofessional help as they deem necessary. Further, if circumstances arise  
under which adult supervisors deem it necessary to seek immediate professional medical care  
for my/our child(ren), I/We request and authorize such response. In the event of a medical  
emergency with my/our child, I/We give permission for medical professionals to take whatever  
medical measures they deem necessary for my/our child. I/We take full responsibility for  
providing payment for any medical services rendered, whether directly by me/us or through  
insurance payment provisions.

\_\_\_\_\_  
Signature(s) of Parent(s)

\_\_\_\_\_  
Date

Subscribed and signed before me, the undersigned notary public, by

\_\_\_\_\_  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Please complete the back of this form and have it notarized.**