

WESTMINSTER BY THE SEA REGISTRATION

CIRCLE YOUR CLASS(ES)

CHILDREN'S CHURCH OR SUNDAY SCHOOL

PRE-SCHOOL

GRADES (K-5)

YOUTH (GRADES 6-12)

STUDENT'S FULL NAME _____

BIRTHDATE _____ SCHOOL _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____

GUARDIAN OR PERSON(S) RESPONSIBLE FOR CHILD OR YOUTH

FULL NAME: _____

EMAIL ADDRESS _____

ANY MEDICAL CONDITIONS WE NEED TO KNOW _____

EMERGENCY CONTACTS _____

PHONE _____ RELATIONSHIP TO CHILD _____

FOR YOUTH:

I hereby give my permission for my child to be transported for all church events and especially for transportation from school to the church for special events. I understand that the youth classes may have just one teacher at a time.

Print name _____ Sign name _____

_____ I am willing to transport children from their school to the church if needed.

ONLY SANCTIONED CHURCH EVENTS AND ACTIVITIES SHALL BE SHARED ON SOCIAL MEDIA USING THE CHURCH NAME THROUGH TAGS OR HASHTAGS. and activities shall be shared on social media using the church name through tags or hashtags. PLEASE INITIAL:

_____ STUDENT _____ PARENT