## Gates Presbyterian Church 2019-2020 Sunday School and Nursery / Toddler Room Registration

Family Last Name	Phone	
Address		
Parent/Guardian Information		
Name	Cell Phone	
Relationship to Child	d Other specify:	
Name		
Email		
Relationship to Child	d   Other, specify:	
Children		
First Name	Date of Birth Age	Grade
Allorgies		
Interests		
First Name	Date of Birth Age	Grade
Allergies		
Interests		_
First Name	Date of Birth Age	Grade
Allergies	Date of Birth Age	Grade
Interests		
First Name	Date of Birth Age	Grade
Allergies		
Interests		

Emer	gency Contact if Parent/Guardian is not available:
Nam	ne Phone
Rela	tionship to Child
applie	ne safety of all of our children, we ask that you (or a person you designate) collect your child after worship. This es to all children through 4 <sup>th</sup> grade. Please indicate who may pick up your child below:
Nan	ne(s):
Autl	norization
	eby release all Church staff, Sunday School teachers and helpers from any and all claims, loss, expense, or damage in may result from any accident or other occurrence causing injury to any person or property.
Pare	ent/Guardian Signature
	Date
Phote chure	to Permission ographs taken by Sunday School volunteers and/or Church Staff during Sunday School will be utilized for ch information and activities only. For example, photos may be used for crafts, newsletters, books/scrapbooks, nametags, etc. Please check one of the following options:  I allow my child/children to be photographed, and I release the church from liability.  These photos may be posted to the GPC website; www.gatespres.org
	I <b>DO NOT</b> allow my child/children to be photographed.
Com	nmunication Preferences
	Email Only
	Check here to opt out of paper mailings and receive email communications regarding youth activities
	Mail Only
	Check here if you prefer to keep receiving letters and postcards by mail regarding youth activities
	Both