



First Kids and First Youth General Registration 2024-2025



Fill out this form, save it and email it to
childreneyouth@firstpresevanston.org

Last Name _____ Guardian/Parent _____ Guardian/Parent _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Parent 1 Cell # _____ Parent 2 Cell # _____

Parent Email _____ Parent Email _____

If Child attends Nursery:

My child is allowed a snack: ___ Yes ___ No Childcare staff/volunteer can change diapers: ___ Yes ___ No

Child's/Student's Name _____ Birthdate ___ / ___ / ___ Grade in Fall 2024 _____ Gender _____

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If you are not picking up your child(ren), please list the names acceptable to pick up your child(ren) from Sunday School/Youth Activities:

Emergency Contact if parent(s) can't be reached (name/relationship to child/phone):

Allergies or other medical conditions for each child (attach additional sheet if necessary):

- In the event of an extreme emergency, if parents cannot be reached, I understand that my child will be taken to Evanston Hospital for appropriate treatment at my expense.
- I understand that there are certain risks of physical injury or illness associated with activities at First Presbyterian Church. I expressly assume these risks for my child and me, whether such risks are known or unknown to me at this time. I release First Presbyterian Church of Evanston, including its affiliated directors, volunteers, employees, contractors and agents, from any claim that I or my children may have now or in the future against them for any physical and personal injury, illness, or death due to participation in Sunday morning worship, classes, and activities. This release of liability shall cover (without limitation) all claims for negligence and breach of fiduciary duty asserted by my child or any person made on their behalf.
- I hereby give my consent for walking field trips to the beach or nearby parks. (Youth Program—I hereby give my consent for my youth(s) to be driven for programed activities.)
- I give permission for images of my child(ren) to be used for church promotional purposes. _____ Yes _____ No
- I give permission for images of my child(ren) to be used in worship (in person and streamed). _____ Yes _____ No

Parent's Signature _____ Date _____

Note: Putting your name here in print is treated the same as a signature.

If your student is in 6th grade or higher please continue to fill in the following information.

Student Name _____ Cell # _____ Student Email _____

Student Name _____ Cell # _____ Student Email _____

Student Name _____ Cell # _____ Student Email _____

What school(s) does your student(s) attend? _____

Student(s) primarily lives with (circle one): Both Parents / Father / Mother / Guardian(s)

Please list significant health history (such as food and drug allergies, medical restrictions, asthma, behavior issues, etc.):

Medication taken on a regular basis (student name/medication/directions):

Insurance Provider _____

Group Number _____ Policy # _____

Policy Holder _____ Claims Phone # _____

I, (parent's full name) _____ give my daughter/son permission to participate in activities that will be hosted by First Presbyterian Church of Evanston Youth Ministry. I have also read the Covenant of Conduct below with my child and agree to the terms.

I hereby give permission to First Presbyterian Church Youth Staff to provide over the counter medication such as antacid, ibuprofen, acetaminophen, and allergy medicine. Furthermore, I hereby give permission for the Youth Staff to provide routine, non-surgical medical care for my child as named in this form (all exceptions are to be listed below). This applies to any church-sponsored activity my child attends on or off the First Presbyterian Church of Evanston's premises. In the event I cannot be reached in an emergency, I hereby give permission to the nurse or physician selected by the youth staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named in this form except as noted below:

During youth ministry meetings, events, retreats or trips that I choose to attend I agree to not participate in the use of drugs, alcohol, or profanity during this event. I agree to be present at all group activities on time and in an orderly fashion. I agree to refrain from any sexual activity or inappropriate displays of affection during this event. I agree to treat all persons, regardless of race, gender, religion and culture, with respect and consideration. I will refrain from the illegal purchase or use of tobacco products. I will respect the facilities we are using and realize should damage occur because of my negligence I am responsible. I will not use cell phones, electronic game equipment, portable speakers, iPods, or other items that may distract me from participation. (Any equipment brought will be in a leader's possession at the risk of damage and loss during the event in question.) I will not bring or use any weapons, firearms, pornographic materials, or any other inappropriate items. I will not abuse others including: Physically (strike, shake, or slap), verbally (humiliation, degrade, or threaten), sexually (including inappropriate touching, exposure and comments), and emotionally (harsh sarcasm, name calling, gossiping, etc.). I will portray a positive role model for others by maintaining an attitude of respect, patience, integrity, courtesy, and maturity. I have read the Covenant of Conduct and fully agree with the conditions. I understand that I will be excused from participating in the event in question or sent home at the expense of my parents if I violate any conditions of this covenant. **There is a 3 strikes and out policy which is adopted from Matt.18: 15-17. [1st Offense (verbal warning) 2nd Offense (parents are called) 3rd Offense (student will be asked to leave the activity)]**

Parent Signature: _____ Date: ___/___/___

Note: Putting your name here in print is treated the same as a signature.