

Presby Lil' Kids Morning Out Registration Form

First Presbyterian Church, Manhattan, Kansas

(Rev. 7/2015)

Date: _____

Child's Information:

Name: _____

Birthday: _____

Allergies: _____

Medications: _____

Special Needs or Concerns: _____

Parent/Guardian Information:

Name: _____

Cell Phone # _____

Name: _____

Cell Phone# _____

Address(es): _____

Email (primary): _____

Email (secondary) _____

- Alternate Emergency Contact:

Name _____

Contact Phone # _____

Relationship to child _____

Needed Signatures:

- In case of emergency and I or the emergency contact cannot be reached, I give my permission for the leaders of First Presbyterian's Lil' Kids Morning Out to seek the necessary medical care for my child,

(please print child's name)

Parent/Guardian Signature

Date

Ins. Policy #: _____

Insured Person: _____

Date of last Tetanus shot: _____

First Presbyterian Church Lil' Kids Morning Out has my permission to photograph and publish pictures

of my child to be used for church publications and the church's website.. I understand that all photographs, video and information will be used for fellowship and promotional purposes. None of the aforementioned will be sold or given to an outside marketing group or other third party organization.

Parent/Guardian Signature Date

The following people are allowed to transport my child to and from Lil' Kids Morning Out:

Name/Phone

Name/Phone

Name/Phone

Name/Phone

Parent/Guardian Signature

Date

**Please return this form to the church office when complete.
Questions? Please contact Shiloh Vick, Director of Children's
Ministries, at (785)537-0518 or presbykids@firstpresmanhattan.com.**

Thank you for your interest in our program.....and.....

**.....welcome to Lil' Kids Morning Out at First
Presby! We are glad you are here!**