



## 2PK- Second Pres Kids Registration

Last Name of Family: \_\_\_\_\_

### Parent/Guardian Information

Primary Contact: _____		
Name	Parent 1	Parent 2
Relationship to Child		
Primary Phone		
Does the above number receive texts?		
Email		
Address		

### Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Child Information (2)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Child Information (3)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Child Information (4)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Emergency Contact Information:

Emergency contact (other than parent): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

### Please initial each statement and sign below:

\_\_\_\_\_ In the event that my child has a medical emergency and I am unable to be reached, Second Presbyterian Church staff may obtain and authorize medical treatment for my child.

\_\_\_\_\_ Second Presbyterian Church may use my child's name and/or picture in photos and video promotional materials regarding Second Presbyterian Church.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_