



Sunday Morning Registration Form 2016-17

Today's date _____

Child's Name _____
Last Name First (nickname)

Address _____
Street City Zip

Home phone _____ **Birthdate** _____
Month/ day / year

Age _____ Grade _____ School attending _____

Parent/Guardian Information:

Dad's Name _____

Home# _____ Cell phone # _____

Mom's Name _____

Home# _____ Cell phone # _____

Additional address of parent/child:

_____ Street City Zip

Allergies

Food _____ Medicine _____

Insects _____ Other _____

Other: _____



I/we give permission for my above-named child to participate in the Sunday morning ministries of Moorpark Presbyterian Church. I/we hereby release Moorpark Presbyterian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during any activity. I/we further understand that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments.

Signature of Parent or Legal Guardian of child

Date

I/we also understand that my child may be photographed during these Sunday morning programs, participating in the various activities. I authorize permission for photos of my child to appear on the website of Moorpark Presbyterian Church at www.MPCLife.org or [Facebook](https://www.facebook.com/MPCLife) (as well as in pictures highlighting children's programs on the church campus. In either case, my child's name will not be used.

Signature of Parent or Legal Guardian of child

Date