



Registration Form for Children's Day Out

at Covenant Presbyterian Church

September 6, 2016 – May 18, 2017

\$20 per session due the beginning of each month.

Please include your \$25 yearly supply fee with this registration form.

Child's Name: _____ **Birthday:** _____

Day Requested: Monday Tuesday Wednesday Thursday

Second choice: _____

Parent(s): _____

Sibling(s): _____

Address: _____ **Phone:** (h) _____

_____ (c) _____

E-mail address: _____

Parent at work and phone number: _____

Emergency Contact: _____

Allergies: _____

What would you like us to know about your child?

Emergency Release

I give the staff at Covenant Presbyterian Church my permission to have my child

transported to _____ for emergency medical care,
or to the nearest available source of assistance.

Signature: _____ Date: _____

Photo/Image Release

Dear Families,

Each year we take lots of pictures of your wonderful children so that we can share some of their joy and wonder with you and our other families. The children love seeing the pictures of the fun they had.

It is appropriate, in this day and age, that we ask your permission to take their pictures and to post them at the church and maybe on our website. We are asking your permission and will not do so without it. Names of children will never be used, just the images.

If you have any questions or concerns, please speak with Katie Kinnison, Director of Christian Education.

Thank you.

Consent for Use of Information and Persona

I hereby grant to Covenant Presbyterian Church the right to publish, broadcast, webcast, or disseminate in any other form or medium any or all of the following: photographs, video, audio and other images or likenesses of my child for use in news stories, publications, promotional materials, web features and/or any other church purposes.

Name of child or children (print please) _____

Parent or Guardian's Name _____

Signature _____

Date _____

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