

**First Presbyterian Church of Winter Haven, FL
REGISTRATION FOR CHRIST KIDS PROGRAM 2024-2025**

Date: _____

Child _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

School _____ Grade _____ Dismissal Time _____

Medical Information:

Allergic reactions _____

Current Medications _____

Medical Conditions _____

Other information about your child that might be helpful: _____

Child _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

School _____ Grade _____ Dismissal Time _____

Medical Information:

Allergic reactions _____

Current Medications _____

Medical Conditions _____

Other information about your child that might be helpful: _____

Parent Information:

Mother _____ Employed by _____

Father _____ Employed by _____

Phones: Mother: Home _____ Work _____ Cell _____

Father: Home _____ Work _____ Cell _____

E-mail Contact _____

Home Church _____

I can help with car pool () Yes () No

I am available to assist with the Christ Kids Program () Yes () No

Emergency Contact Person (in case we cannot reach a parent)

Name _____ Relationship _____ Phone _____

Insurance Company _____ Plan # _____

Child's Doctor _____ Phone _____

Address _____

Please complete the back of this form and have it notarized.

**PARENTAL CONSENT AND AUTHORIZATION
CHRIST KIDS PROGRAM**

First Presbyterian Church
Winter Haven, Florida

I/We, the undersigned parent(s) of _____
Give consent for my/our child(ren) to participate in the September 11, 2024 – May 21, 2025
Christ Kids program of First Presbyterian Church of Winter Haven. I/We hereby give consent
and permission for my/our child(ren) to participate in all planned activities of the program,
including field trips, bowling and swimming parties off site. I/We hereby give permission for
my/our child(ren) to be transported to off-site activities by church staff or volunteer drivers.

If circumstances arise under which any of the adult supervisors deems it necessary to apply
first-aid measures for my/our child(ren), I request and authorize the adult supervisors to apply
such immediate, nonprofessional help as they deem necessary. Further, if circumstances arise
under which adult supervisors deem it necessary to seek immediate professional medical care
for my/our child(ren), I/We request and authorize such response. In the event of a medical
emergency with my/our child, I/We give permission for medical professionals to take whatever
medical measures they deem necessary for my/our child. I/We take full responsibility for
providing payment for any medical services rendered, whether directly by me/us or through
insurance payment provisions.

Signature(s) of Parent(s)

Date

Subscribed and signed before me, the undersigned notary public, by

On this _____ day of _____, 20_____.

(Notary Seal)

Notary Public

My commission expires: _____

Please complete the back of this form and have it notarized.