

# Children & Youth Sunday School & Wednesday Night Live Enrollment

First Presbyterian Church  
621 N. Lincoln Ave., Hastings, NE 68901  
402-462-5147

Youth/Child's Name Last, First	Grade	Date of Birth	School (check one)	Will Participate in: (check one)	WNL meal (check one)	Food Allergies or Health Concerns
			<input type="checkbox"/> Hastings Public <input type="checkbox"/> Adams Central <input type="checkbox"/> Other _____	<input type="checkbox"/> Sunday School & WNL <input type="checkbox"/> Sunday School ONLY <input type="checkbox"/> WNL ONLY	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> Hastings Public <input type="checkbox"/> Adams Central <input type="checkbox"/> Other _____	<input type="checkbox"/> Sunday School & WNL <input type="checkbox"/> Sunday School ONLY <input type="checkbox"/> WNL ONLY	<input type="checkbox"/> yes <input type="checkbox"/> no	
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			<input type="checkbox"/> Hastings Public <input type="checkbox"/> Adams Central <input type="checkbox"/> Other _____	<input type="checkbox"/> Sunday School & WNL <input type="checkbox"/> Sunday School ONLY <input type="checkbox"/> WNL ONLY	<input type="checkbox"/> yes <input type="checkbox"/> no	

Parents'/Guardians' Names: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Release: I give my permission for the Sunday School and/or Wednesday Night Live staff to administer basic first aid to my child(ren) (named above) in the event of an injury. I understand that the staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant First Presbyterian Church permission to copyright and use photographs/videos taken at Sunday School and/or Wednesday Night Live of the minor(s) named above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_