

# KIDS CLUB Registration Form

First Presbyterian Church of Hightstown, 320 North Main Street, Hightstown, NJ 08520.  
609-448-0055 – www.hightstownpres.org

ALLERGIES \_\_\_\_\_

WARNING SIGNS \_\_\_\_\_

IMMEDIATE RESPONSE \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School Child Attends \_\_\_\_\_

Church Child Attends \_\_\_\_\_

Mail should be addressed to (ie: Mr & Mrs Smith, Smith Family, Jane Smith, etc.)

\_\_\_\_\_ AT

Mailing Address \_\_\_\_\_

STREET

CITY

ZIP

Parents' Names \_\_\_\_\_

Phone#(H) \_\_\_\_\_ (C) \_\_\_\_\_ (mom/dad)Other \_\_\_\_\_ (mom/dad/other)

E-Mail Address \_\_\_\_\_

How can we reach you in the event of an emergency? \_\_\_\_\_

Who should we call if we can't reach you? \_\_\_\_\_

Their relationship to the child? \_\_\_\_\_

Please let us know if there is anything we should know to make your child's experience a pleasant one: \_\_\_\_\_

Name of adults that will bring child to KIDS CLUB \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_,

Name of adults that have permission to pick your child up from KIDS CLUB \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\*\*Is there anyone that we should not let your child go home with? \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_.

Would you be interested in helping with KIDS CLUB?

YES NO (circle one) If YES – Check One if Applicable:

- Teacher
- Teacher's Aide
- Kitchen

To Help with Special Events that involve:

- Music
- Art
- Cooking
- Games
- Mailings

**Please read and sign the Photography Release form below. Thank you.**

#### Photography Release

From time to time the children/youth are photographed to celebrate their accomplishments, to promote events, to affirm their ministries, or for use with marketing materials. The First Presbyterian Church of Hightstown has my permission to use a photograph of my son/daughter in news releases to local newspapers, FPCH website, FB, Instagram, and other forms of communication.

I **GIVE** permission for my son's/daughter's photograph to be used, please initial here \_\_\_\_\_.

I **DENY** permission for my son's/daughter's photograph to be used, please initial here \_\_\_\_\_.

\_\_\_\_\_  
Name of Child/Youth

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

\_\_\_\_\_  
Date

Registration payment \_\_\_\_\_

*We have actually lowered our registration fee to \$170/year/child with \$85 due at the time of enrollment and \$85 due in January. If you are interested in a payment plan please speak to Mary Maleski-mmaleski@hightstownpres.org. Scholarships are available.*