



Central Presbyterian Church

Registration Form

Children and Youth Programs

General Information

Child/ youth: _____

Child/Youth #2: _____

Cell: _____

Cell: _____

DOB: _____

DOB: _____

Grade: _____

Grade: _____

Email: _____

Email: _____

Member of Central YES NO

Mission W/ Mommy YES NO

Youth Events YES NO

Mission Trip YES NO

VBS YES NO

Band YES NO

Parent/Guardian: _____ Work #: _____

Email: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____

Alternative Emergency Contact: _____

Phone #: _____

Member of another congregation? Which One? _____

Medical/Support Information

Allergies/ medical conditions or other concerns: _____

Does your child carry an Epi-pen or emergency inhaler: _____

What would you like to share with your Central's volunteers and staff to help us support your child at Central Presbyterian Church?

What are your child's interests/ passions?

In other settings (home, school, sports, etc...) are there supports that help your child engage and participate?

