

INDIAN HILL CHURCH Children and Youth Church School Registration Form

Please check all programs that apply to your child's participation:

- Sunday School Program (Nursery—7th Grade)
- Children's Christmas Musical (5 years—8th grade)
- Confirmation Class (8th Graders Wednesday 6:00 pm)
- Fourth and Fifth Grade Group (Fun activities just for tweens)
- Middle School Youth Group (6th, 7th & 8th Grades- Fun Activities)
- Senior High Youth Program(9th-12th Grade) (Sunday 5-7 pm)

Office Use Only	
ACS	EMG
CCE	FT
YCE	MED

Child's Name: _____ Home Phone: _____

Home Address: _____

City, State, Zip: _____

Nickname: _____ Birth Date: _____ Age: _____

Grade: _____ School: _____ Email Address _____
Child's, if applicable)

ALLERGIES _____

MEDICAL CONDITIONS: _____

PLEASE LIST ALL MEDICATIONS: _____

SPECIAL INTERESTS:

- SPORTS _____
- HOBBIES _____
- PLAYS MUSICAL INSTRUMENT _____
- OTHER MUSICAL INTERESTS _____
- COMPUTER/TECHNICAL INTERESTS _____
- OTHER: _____

ADDITIONAL CONTACT INFORMATION

Mother's Name: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Email Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Email Address for notices, information, etc. _____

EMERGENCY INSTRUCTIONS

Occasionally children attend church school classes or church events when their parents are not in the building. We welcome the children but also want to insure their safety in emergencies.

Please provide the following information:

In case of an emergency, we may be reached at the following numbers:

Home _____ Work _____ Cell Phone _____

If, after a reasonable period of time, we cannot be reached at the above numbers, we provide these alternative contacts:

Emergency contact: _____ / _____ / _____
name number relationship

Child's physician:

Name _____ **Number** _____

Child's dentist:

Name _____ **Number** _____

Preferred hospital: _____

If we cannot reach you in event of an emergency, we will phone 911, the Life Squad, or the Indian Hill Rangers to transport your child for emergency care.

Medical Authorization

I/We, the parent(s) or legal guardian of _____, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel of the staff of any licensed hospital or emergency medical care facility. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician or other attending medical personnel.

Date _____ Parent signature #1 _____ Print Name _____

Date _____ Parent signature #2 _____ Print Name _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Indian Hill Episcopal Presbyterian Church (IHC) to use the image of my child, _____ as indicated by my selection(s) below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child for use in materials that includes, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the IHC Web site (www.indianhillchurch.org). I agree that these images may be used by IHC for the purposes stated below and that these images may be used without further notifying me.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage within the church: I want my child's image used within the IHC setting only (not in the larger community).
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media

I understand that the child's last name will not be used in conjunction with any video or digital images and that names will not appear with the photographs.

Parent/guardian signature _____ Date _____

If you have questions, contact Jennifer Taylor at 513-561-6805 ext 307 or Michelle VanOudenallen at 561-6805 ext 306.

Field Trip Permission Form

During the course of the year, the fourth through twelfth grade will have planned activities and outings to build community. Please complete the form below so we may transport your child. Children without a completed permission form will not be allowed to go on outings, even if accompanied by a parent.

I (We) give permission for our child, _____ to participate in church class field trips. We understand that the transportation to and from these events will be provided by Church school teachers and/or parents in their private cars. We further agree not to hold the Indian Hill Church liable for any accidents or injuries that might occur during these trips.

Parent signature #1 _____

Print Name _____ Date _____

Parent signature #2 _____

Print Name _____ Date _____