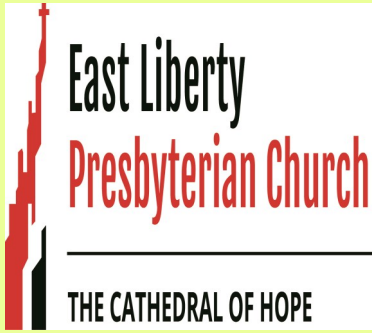


**ELPC's PROGRAM ENROLLMENT FORM FOR:**



**Church School—Nursery—Extended Session  
Club One Sixteen—Basketball Program**

**(Sept. 2016—August 2017)**

116 S. Highland Ave., Pittsburgh, PA 15206  
www.ELPC.church Phone: 412-441-3800



**STUDENT INFORMATION: (Please print)**

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Gender: \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Student Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Best way to contact student? Mail? \_\_\_\_\_ Parent's Email? \_\_\_\_\_ Student's Cell? \_\_\_\_\_ Student's Email? \_\_\_\_\_  
Other? \_\_\_\_\_

What language does your child speak and understand? English Other \_\_\_\_\_

Registering for which programs. (Check all boxes that apply): Church School  Nursery

Extended Session  Club One Sixteen  Basketball Program

**ADDITIONAL INFORMATION: (See other side for more information)**

Parent/Legal Guardian(s) of youth or child registered above: \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Parent/Legal Guardian(s) of youth or child registered above: \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

**Emergency Contact (that is NOT a household member):** \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

# ALLERGIES/SPECIAL NEEDS

**Food Allergies:** (Circle one) Yes or No

If yes, please list food allergies: \_\_\_\_\_

**Other Allergies:** (medicines, environment, etc.) \_\_\_\_\_

**Special Needs/Other** \_\_\_\_\_

## TRANSPORTATION:

How will your child get home?

Bus    Walk    Drive    Pick up by Parent/Guardian   For program: \_\_\_\_\_

Bus    Walk    Drive    Pick up by Parent/Guardian   For program: \_\_\_\_\_

Bus    Walk    Drive    Pick up by Parent/Guardian   For program: \_\_\_\_\_

Who is Authorized to pick up your child? (Note: Any child in Grades 5 or under must be released to an adult, unless otherwise coordinated with The Rev. Heather Schoenewolf.)

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE:** Photos are sometimes taken and used in the promotion of our ministries. Please sign the following release: I give permission to East Liberty Presbyterian Church to use photos of student mentioned on this form and to put the finished photos to any legitimate use without limitations or reservation..

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

**Date Received:** \_\_\_\_\_

**Filed in Master Notebook:** **Sunday School Nursery** \_\_\_\_\_

**Extended Session** \_\_\_\_\_ **BasketBall Program** \_\_\_\_\_

**Club One Sixteen** \_\_\_\_\_

**Copy given to Church School Teacher or Program Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_