



ELPC's PROGRAM ENROLLMENT FOR:
Church School—Nursery—Extended Session
Club One Sixteen
(Sept. 2018—August 2019)

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



STUDENT INFORMATION: (Please print)

Name _____ Age _____

Birth Date _____ Gender: _____ Current Grade _____

Address _____
street city state zip code

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

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)** _____

MEMBER STATUS for Parent/Guardian

Are you a Member of ELPC _____ A Visitor _____ A Friend participating regularly _____

STUDENT—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 _____ **Club One Sixteen** _____

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