



ELPC's PROGRAM ENROLLMENT FOR:
Church School—Nursery—Extended Session
Club One Sixteen
(Sept. 2019—August 2020)

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) \_\_\_\_\_

Over ->

# 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** \_\_\_\_\_  
**Church School** \_\_\_\_\_

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