



East Liberty Presbyterian Church

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

PROGRAM ENROLLMENT FOR: Children & Youth Programs

September 2024 –
August 2025



STUDENT INFORMATION:

Name _____ Age _____

Birth Date _____ Pronouns _____ Grade : _____

Preferred Mailing Address

_____ street _____ city _____ state _____ zip code

Student's Email Address (if applicable): _____

Student's Cell Phone (if applicable): _____

What language does your child speak and understand? English Other _____

Does the student have any allergies-food or environmental? _____

Special considerations for student _____

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

**Nursery
on Sunday
morning**

**Sacred Stories
(preK– 5th grade)
Sundays @ 11:15**

**Club 116
(Grades 1-6)
Wed evenings**

**Tween Programs
(Grades 4-6)
Monthly gatherings**

**Teen Programs (Grades 7-12)
including Thurs night Youth
Group and Weekend events**

PARENT/GUARDIAN INFORMATION:

Parent/Legal Guardian of student registered above: _____

Address (if different than above)

_____ street _____ city _____ state _____ zip code

Phone _____ Is it okay to text this number? _____

Email Address: _____

Over →

Second Parent/Legal Guardian(s) (if applicable): _____

Address (if different than above)

_____ street _____ city _____ state _____ zip code

Telephone _____

TRANSPORTATION:

How will your child get home?

Bus ___ Walk ___ Drive ___ Pick up by Parent/Guardian ___

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 program staff.)

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

Emergency Contact (that is NOT a household member):

Name _____

Address _____
street city state zip code

Phone _____ Email: _____

PERMISSION/AUTHORIZATION:

PHOTO/VIDEO CONSENT: I give East Liberty Presbyterian Church permission to use photos and/or videos of the student(s) listed on this form and to put the finished photos/videos to any use (newsletter, bulletin boards, website) without limitations or reservation.

STUDENT CONTACT CONSENT: I give East Liberty Presbyterian Church permission to contact the registered student(s) regarding the enrolled programs/events on the provided student email and phone number.

PERMISSION TO BE DRIVEN IN THE CHURCH VAN: I give my child/teen permission to be driven in the church van to offsite events and service projects.

MEDICAL EMERGENCY: In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the East Liberty Presbyterian Church youth workers the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the youth workers. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve the youth workers and East Liberty Presbyterian Church from liability in acting on my behalf in this regard, so long as the youth workers are not grossly negligent.

 SIGN HERE

Parent/Guardian Signature: _____ Date: _____