



First Presbyterian Church of Ambler
4 S. Ridge Avenue
Ambler, PA 19002

2011/2012 Calendar Year

Child Information Form

Child's Name: _____ Grade Level: _____

Address: _____ Birthday: _____

Cell Phone: _____ Parent Email: _____
Home Phone: _____

List allergies: _____

My child will attend the following Sunday School Program(s): 9:30 am 11:00 am Both

Special Concerns: _____

Please tell us about your child: _____

Siblings: _____

Where will you be during our Sunday School Program? _____

(Please remain in the building while your child is attending our 9:30 am and 11 am Sunday School).

- Would you like your child to receive offering envelopes to support our Compassion Children?
- Are you interested in receiving emails with Children's Ministry News and Parenting Tips?
- Let us know if you have any questions or would like a phone call from our Children's Ministry Director:

For your child to participate in the following programs, check appropriate boxes and complete the parental permission form and medical information on reverse side of this form.

- Chimes Choir,
- 4th & 5th Fellowship,
- Marbles Club

Parent Signature (s): _____ Date: _____

Go to FPCAmbler.org for a Children's Ministry Calendar & Information.

Thank you!



First Presbyterian Church of Ambler
 4 S. Ridge Avenue
 Ambler, PA 19002

2011/2012 Calendar Year

CHILDREN'S MINISTRY PARENTAL PERMISSION FORM

Emergency Contact (in case you are unavailable): _____
 Relation: _____ Phone: _____ Cell: _____

I, _____, parent/guardian of _____, hereby give approval for his/her participation in any and all activities with First Presbyterian Church of Ambler Children's Ministry from September 1, 2011 through August 31, 2012. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby, waive, release, absolve, indemnify, and agree to hold harmless FPCAmbler, its volunteers, employees, sponsors, supervisors, participants and persons transporting the participant to and from activities, for any claim arising out of injury to the participant. I also understand that FPCAmbler assume any responsibility for loss of, or damage to, personal property of the participant.

SIGN HERE: Parent/Guardian's Signature: _____ Date: _____

Medical Release

In the case of an emergency, I hereby give my permission to First Presbyterian Church of Ambler sponsors of events to permit emergency or hospital personnel and/or a licensed physician or health practitioner to perform emergency treatments and administer drugs in conjunction with such emergency treatment. I understand that FPCAmbler sponsors of each event will determine whether emergency care is necessary, arranging for such services to be provided, and understand they will contact me as soon as possible.

SIGN HERE: Parent/Guardian's Signature: _____ Date: _____

Medical and Insurance Information

Food Allergies: _____

Drug Allergies: _____

Does participant have asthma? If so, does he/she use an inhaler? If yes, will it be with him/her?

List any medications participant routinely takes? _____

I give my permission for an adult children ministry leader to give over-the-counter medications I have circled:

Tylenol ibuprofen antihistamine decongestant other: _____

Note: Please inform us of any changes in your child's medical history.

Family Physician: _____ Office Phone: _____

Name of Policy Holder: _____ Relation to Student: _____

Insurance Company: _____ Insurance Policy No: _____

Web Site Photo Release:

I also authorize FPCAmbler and its children's ministry to publish picture(s) of my child in regard to children's ministry activities on the FPCAmbler's Children Ministry's Website. yes no

SIGN HERE: Parent/Guardian's Signature: _____ Date: _____