

The First Presbyterian Church at Caldwell

Good Friday Children's Program



Friday, April 19th 9:00AM-12:00PM

All children in Kindergarten through 5th grade are invited to join us for a day of learning about Holy Week. We will be doing a Good Friday craft, playing some games, and hearing the Easter story! The cost is \$5 per child and the deadline to register is Wednesday, April 17th. Contact Noe Lopez at noe@firstprescaldwell.org with any questions.

Child's Name _____ Birthday _____ Grade _____

Parent's Names _____ Phone _____

Address/City _____

Parent's Email _____

Emergency Contact _____ Phone _____

Allergies or Medical Conditions _____

Does your child carry an epi-pen _____

Photography Release

[] I give permission to The First Presbyterian Church at Caldwell to photograph my child participating in church activities and to use those photographs in brochures, newsletters, on the website or social media only in connection with promoting The First Presbyterian Church at Caldwell programs.

[] I do not want my child's photograph to be taken. I understand that this may result in my child being removed temporarily from an activity in order to allow for photographs to be taken.

Medical and Liability Release

Every activity sponsored by the First Presbyterian Church at Caldwell is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree to not hold this church, its employees or volunteer assistants liable for damages, losses or injuries to the person undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

In the event that I cannot be reached in an emergency during the dates specified on this form I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Signature of Parent or Guardian _____ Date _____