

**Suffern Presbyterian Church Protection Policy**  
**Registration Form**  
**Nursery/Junior Church 2006-2007**

*This form is to be filled out for all children who are regularly participating in a SPC related activity.*

Name of child \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parents/Guardian Name(s) \_\_\_\_\_

Address if different \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff and volunteers should be aware of? If yes explain \_\_\_\_\_

Special Instructions \_\_\_\_\_

Do the parents/guardian attend Sunday school? \_\_\_\_\_

*I hereby consent to let my child, \_\_\_\_\_*  
*student(s) name*

*participate in the following programs \_\_\_\_\_*

*It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident or sickness, Suffern Presbyterian Church, its staff, and its volunteers are hereby released from any liability.*

Signature \_\_\_\_\_

Eff. 9/15/05