**2019-20 Registration**

**Sunday School** (PK – 6) meets Sunday mornings from 9:00 to 10:15 a.m. starting September 8, 2019. Grades 7 – 12 begin on the same date but meet from 9 to 10 each week.

Guests are welcome at all our programming and Sunday School is FREE for all participants.

**W.O.W.** (K-6) and **Illuminate** (7-12) meet on Wednesdays from 5:30 to 7:00 p.m. starting **September 11, 2019**. There is a charge of $50.00 per child for the entire school-year, or $25.00 per child per semester to help cover the cost of dinner. There is a $2.00 per session charge for guests. **Scholarships are available upon request.**

Child’s Name Birthdate Grade Sunday School W.O.W. Illuminate

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Parent or Guardian: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Youth Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Allergies and/or medical concerns: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Medical Emergency:* In case of a medical emergency, I hereby give the First Presbyterian Church personnel authorization to take my child to the hospital for emergency care.

*Photo Consent:* I give First Presbyterian Church the right to use photos of my child in both printed and electronic publications.

Signature of parent/guardian: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Sponsor Participation**

The staff of W.O.W. consists largely of volunteers who willingly give their time to provide enriching activities for our children and youth. We appreciate the active participation of parents. Opportunities are available for **meal preparation, meal serving, kitchen clean-up, or providing dessert. Please contact Linda at** [**lkreffert@aol.com**](mailto:lkreffert@aol.com) **if you would like to help with meals or Shelli at** [**youthdirector@bellevuefpc.org**](mailto:youthdirector@bellevuefpc.org) **if you can help with dessert or washing towels and table cloths.**

**2019-2020 Health Policy**

For the safety of other children and those with weakened immune systems in our church family, I understand that my child(ren) must stay home if they are exhibiting any of the following symptoms:

* Vomiting and/or diarrhea within the last 24 hours
* Conjunctivitis/pink eye
* Fever of any kind within the last 24 hours (fever-reducing medicine cannot have been taken in the last 24 hours)
* Runny nose with green or yellow discharge
* Rashes/skin conditions such as impetigo, contagious cold sores
* Fifths Disease, Hand Foot Mouth, etc in contagious stages
* Chicken Pox
* Lice/hair infection
* Any illness that will keep your child(ren) from participating in the planned activities

In addition I understand if my child becomes sick during a church activity I will be contacted to come and pick them up.

Signature of parent/guardian:

Date: