

IGNITE Wednesdays Registration Form 2019-2020



Mother/Guardian Name: _____

Father/Guardian Name: _____

Child's Address: _____
Street
City/State
Zip Code

Home Phone: _____ Mother/Guardian Phone: _____

Father/Guardian Phone: _____

Family E-mail (checked most frequently): _____

If you are not in the building, how do we best reach you in the event of an emergency?

If someone other than a parent/guardian will be picking your child up, please indicate that person below. ID may be required upon pick up.

Name: _____ Relation: _____

Contact Number: _____

Child's Name	DOB	Grade	Name of School	Allergies/ Special Needs/ Health Concerns/ Other

I understand Wayside will make every attempt to contact me in the event of an emergency. If I cannot be reached, I give Wayside Presbyterian Church staff and representatives permission to take the means necessary to provide emergency care and treatment for my child.

NOTE: Wayside will occasionally take pictures or video of the children during our programs to use for training and/or publicity purposes. In addition to being displayed inside the church, the pictures may appear in training slides/videos, our website, our Facebook page, brochures and the local newspaper. Names of the children will never be used with their pictures. Please **initial** the appropriate choice.

_____ I **DO** give permission to Wayside Presbyterian Church to use images of my child(ren) as described above.

_____ I **DO NOT** give permission to Wayside Presbyterian Church to use images of my child(ren) as described above.

Parent/Guardian Signature: _____ Date: _____

CHILD'S NAME	START DATE

IGNITE DATES:

October

2

9

16

30

November

6

13

20

December

4

11

18



600 Stony Battery Road
 Landisville, PA 17538
 717.898.1551