

**2023 – 2024 FPCP NURSERY & SUNDAY SCHOOL INFORMATION & MEDICAL FORM**

*Please complete one form for each child attending FPCP children ministry activities*

**Student Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Gender \_\_\_\_\_

Grade Entered Fall 2023 \_\_\_\_\_ School \_\_\_\_\_

**Parent / Guardian Information**

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

**Other adults approved to drop off and pick up child** \_\_\_\_\_

**Medical Care Information**

Allergies or dietary restrictions \_\_\_\_\_

Physical or health restrictions \_\_\_\_\_

Any additional information, special needs, or situations you'd like staff to know? \_\_\_\_\_

**I certify that the health information provided above for my student is, as of this date, accurate and complete.**

**By signing this form:** I give permission for my child to participate in all nursery and Sunday School activities at First Presbyterian Church of Plymouth (FPCP). In addition, my signature confirms my understanding that FPCP will not be held liable for any accident or injury incurred during the activity. I understand that all reasonable care and responsibility will be taken to assure the comfort and safety of all participants. My signature also provides photo release permission, meaning the church may take and publish photos of my child in digital or print church communications.

Parent / Guardian printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_