PCUM Family Registration
Please list **ALL** children in your family

Child's Name	Date of Birth	Grade as of Sept 2019	Name of School

Home Address: _____

       (Street)

_____

    (City)   (Zip code)

Phone #: Home: _____ Mom's Cell: _____ Dad's cell: _____

Family Email: _____

Allergies: _____

           (Please include child's name after allergy, if any)

Please list any special needs your child(ren) may have:_____

_____

The children's ministry program here at PCUM has many areas where YOU may share your gifts and talents with the children and youth of your church. You are welcome to share in the educational ministry here at PCUM at any time. Please check off any and all program(s) in which you may feel called to serve. **YES!** I would like to help out with:

Sunday school teacher ___
Sunday school teacher's assistant (lending an extra hand in the class) ___
Substitute Sunday school teacher ___
Christmas pageant ___   Easter morning children's activity ___
Vacation Bible School ___   Friday Night Live (4th & 5th Grade) ___

Please see the reverse side of the registration form for the PCUM photo/video release form. Thank you!

The Presbyterian Church of Upper Montclair
53 Norwood Avenue
Upper Montclair, NJ 07043
973-746-3854

Publications of Images
<u>Parental/Guardian Consent Form</u>

Please check one of the following choices:

○ I/We GRANT permission for photos/images that include my/our child(ren) under the age of 18 years without any personal identifiers to be published on the church Internet site and any electronic or printed publications.

○ I/We DO NOT GRANT permission for photos/images that include my/our child(ren) under the age of 18 years without personal identifiers to be published on the church Internet site or in any electronic or printed publications.

Student's Full Name: _____
                                        (Please print)
            Age: _____   Grade: _____
Student's Full Name: _____
                                        (Please print)
            Age: _____   Grade: _____
Student's Full Name: _____
                                        (Please print)
            Age: _____   Grade: _____
Student's Full Name: _____
                                        (Please print)
            Age: _____   Grade: _____
Student's Full Name: _____
                                        (Please print)
            Age: _____   Grade: _____

Name of Parent/Guardian: _____
                                        (Please print)

Signature of Parent/Guardian: _____
Date: _____