



# Westminster United Presbyterian Church

330 East Main St. P.O. Box 207  
Evans City, Pennsylvania 16033  
Westminsterevanscity.org  
724-538-8188

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent(s)/Legal Guardians:

Mother/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Method of Contact: Phone Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Address Same as Above: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Method of Contact: Phone Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Class Preference: (circle one) 4-5 Year Morning 4-5 Year Afternoon 3 Year Morning

Sibling Names and Ages

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Are you a member of Westminster Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies, medical conditions, or food restrictions?

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In case of emergency, contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Please list those person(s) that are permitted to pick up your child.

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Please list those persons that I may discuss your child's progress/behavior with:

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I have provided written notice, which is submitted in conjunction with this registration and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation. I give my consent to any and all health care providers to provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment. This consent includes first aid and transportation to/from health care providers.

Additionally, by signing below, I affirm that I have read the Westminster Preschool registration information regarding class times, registration, tuition, and fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Release:

I hereby grant Westminster United Presbyterian Church permission to copyright and use photographs/videos of my child taken during preschool activities in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_