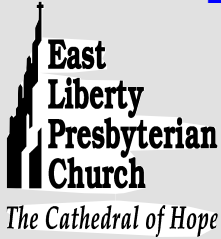


# ELPC's PROGRAM ENROLLMENT FORM FOR:



Church School  
Nursery  
Extended Session  
Club One Sixteen

(Sept. 2011—June 2012)

116 S. Highland Ave., Pittsburgh, PA 15206 [www.cathedralofhope.org](http://www.cathedralofhope.org)



## STUDENT

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Student Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(email) \_\_\_\_\_ Best way to contact student? \_\_\_\_\_

What language does your child speak and understand?  English  Other \_\_\_\_\_

Registering for which program(s) (Please check boxes):

Church School  Nursery  Extended Session  Club One Sixteen

## ADDITIONAL INFORMATION:

Parent/Legal Guardian(s) of youth or child registered above \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Second Parent/Legal Guardian(s) of youth or child registered above \_\_\_\_\_

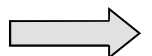
Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact (that is NOT a household member) \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_



## ALLERGIES/SPECIAL NEEDS

**Food Allergies:** (Circle one) Yes or No

If yes, please list food allergies: \_\_\_\_\_

**Other Allergies:** (medicines, environment, etc.) \_\_\_\_\_

**Special Needs/Other** \_\_\_\_\_

## TRANSPORTATION:

How will your child get home?

Bus     Walk     Drive     Pick up by Parent/Guardian    For program: \_\_\_\_\_

Bus     Walk     Drive     Pick up by Parent/Guardian    For program: \_\_\_\_\_

Bus     Walk     Drive     Pick up by Parent/Guardian    For program: \_\_\_\_\_

Who is Authorized to pick up your child? (Note: Any child in Grades 5 or under must be released to an adult, unless otherwise coordinated with The Rev. Heather Schoenewolf.)

1. Name: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE:** Photos are sometimes taken and used in the promotion of our ministries. Please sign the following release: I give permission to East Liberty Presbyterian Church to use photos of student mentioned on this form and to put the finished photos to any legitimate use without limitations or reservation..

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### OFFICE USE ONLY

**Date Received:** \_\_\_\_\_

**Filed in:** Sunday School  
Nursery

**Extended Session**  
**Club One Sixteen**

**Copy given to:** \_\_\_\_\_ **Program Leader**    **Date:** \_\_\_\_\_