

**ENROLLMENT FORM  
ACADEMIC YEAR 2006-7**

**Children's Ministries  
THE NATIONAL PRESBYTERIAN CHURCH**  
4101 Nebraska Avenue NW, Washington, D. C. 20016  
Phone: (202) 537-7527 Email: mcain@natpresch.org  
[www.NationalPres.org](http://www.NationalPres.org)

*Please print all entries*

Child's Complete Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

Child's Birthdate \_\_\_\_\_ Age at 9/30/2006 \_\_\_\_\_ Siblings (and ages) \_\_\_\_\_  
Siblings (and ages) \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
(name) (city)

Allergy/Medical Concern \_\_\_\_\_

Developmental/Learning Concern \_\_\_\_\_

**Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choices for your parent participation.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Classroom Teaching       | <input type="checkbox"/> Event Coordination      | <input type="checkbox"/> Special Education           |
| <input type="checkbox"/> Classroom Assistance     | <input type="checkbox"/> Event Assistance        | <input type="checkbox"/> Reception & Hospitality     |
| <input type="checkbox"/> Arts and Crafts Projects | <input type="checkbox"/> Computer Graphics       | <input type="checkbox"/> Recreation                  |
| <input type="checkbox"/> Pianist/Guitarist        | <input type="checkbox"/> Montessori Storytelling | <input type="checkbox"/> Drama or Guest Presentation |

Please print parent(s) name(s) \_\_\_\_\_

Complete Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

**Program Summary 2006-7**

(Please circle the program(s) in which this child will likely participate.)

<b><u>Program</u></b>	<b><u>Age Range</u></b>	<b><u>Time</u></b>	<b><u>Location</u></b>
Children's Sunday School	Twos through 5 <sup>th</sup> Grade	9:15 – 10:25 a.m.	Various Classrooms
Angel Choir	4s, 5s, Kindergarten	11:00 – 11:20 a.m.	Jones Hall
National Choristers	1 <sup>st</sup> -- 5 <sup>th</sup> Grades	11:20 a.m. – 12:10 p.m.	Jones Hall
Club 130	4s, 5s, Kindergarten & 1 <sup>st</sup> grade	11:20 a.m. – 12:10 p.m.	School 130
Childcare	6 weeks through 24 months	9:00 a.m. – 12:15 p.m.	Main Church
Childcare	Twos and Threes	10:20 a.m. – 12:10 p.m.	School 100
Childcare	Fours	10:25 – 11:00 a.m.	School 106

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

(continued on reverse)

# THE NATIONAL PRESBYTERIAN CHURCH

## Children's Ministries

Academic Year 2006-7

### Emergency Contacts and Medical Authorization

Child(ren)'s name(s)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Parents' phone information

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Health information of concern to staff (allergies, dietary restrictions, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### MEDICAL AUTHORIZATION:

In the event of accident, injury or illness, I authorize any and all medical attention necessary to be administered to my child(ren), listed above, under the direction of the following medical professionals:

Physician's name(s) and address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's phone number(s):

\_\_\_\_\_

Medical Insurance Company:

Policy #: \_\_\_\_\_

Group or ID #: \_\_\_\_\_

Other contacts in the event of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Signature

Date