Edison Park Lutheran Church Cherub Choir (Age 3 - Kindergarten) Registration Form 2016-2017

Child Information Child's Name: ____ Age: _____ Date of Birth: ____ Parent's Names: Address _____ **Emergency Information** Primary Contact: Cell Phone: Secondary Contact: Cell Phone: Does your child have any allergies or other special needs/concerns? If yes, explain: Edison Park Lutheran Church has my permission to use my child's photo on their website, promotional materials, social media (ie. Facebook) and in-house slide shows and displays: ____yes ____no In the event of a medical emergency I give EPLC my consent to secure from a hospital and/or physician any treatment deemed necessary for my child's immediate care. I agree that I will be responsible for any and all expense incurred for such emergency medical care. Parent Signature:

Date: _____