



New Hope Community Church

2025 – 2026 Education Programs Registration Form

Name of Child	Date of Birth	Grade		Sunday School	Wednesday Evenings
			Please mark the box for the programs your child will be participating in.		

Name of Parent(s)/Guardian: _____

Address: _____

Cell Number(s): _____

Email: _____

Emergency Contacts (not parents – parent will be contacted first):	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Insurance (Company & Numbers): _____

Allergies, Special Needs, or Other Medical Information: _____

Permission slip for my child's involvement in programs September 1, 2025 – September 30, 2026

I/We the undersigned have legal custody of the student(s) named above, a minor, and have given our consent for him/her to attend and participate in events being organized by New Hope Community Church. I/We also understand that our youth groups will occasionally travel off church property during the year and give permission for my child(ren) to be transported under the supervision of the leaders or responsible adults approved by Session. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my child(ren)'s involvement. In the event he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Parent/Guardian Signature _____ Date: _____

Print Name: _____