

Stepping Stones (1<sup>st</sup> and 2<sup>nd</sup> Grade)  
Registration Form  
2018-2019



Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents/Guardian: \_\_\_\_\_  
Address, if different: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Siblings' Names and Ages: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

*(It is very important that you provide an email address, if you have one, as this will be a valuable communication tool.)*

Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Are you a member of APC? \_\_\_\_ yes \_\_\_\_ no Has your child been baptized? \_\_\_\_ yes \_\_\_\_ no  
Are you looking for a church? \_\_\_\_ Yes \_\_\_\_ No  
Would you like information about Allentown Presbyterian Church? \_\_\_\_ Yes \_\_\_\_ No  
How did you learn about APC? \_\_\_\_\_ Are you interested in membership? \_\_\_\_ Yes \_\_\_\_ No

**Things we should know about your child:**

Medical Conditions: \_\_\_\_\_  
Food or other allergies: \_\_\_\_\_  
Does your child read on grade level? \_\_\_\_ Yes \_\_\_\_ No  
Does your child read music? \_\_ Yes \_\_ No Does your child play any instrument? \_\_ Yes \_\_ No  
If yes, which instrument? \_\_\_\_\_  
Does your child have any special needs about which we should be aware? Please use the following space to elaborate.

\_\_\_\_\_

\_\_\_\_\_ I'd like more information about APC's Inclusive Ministries committee.

\_\_\_\_\_ I would like a copy of the APC Children and Youth Protection Policy.

**RELEASE FOR PUBLICATION**

\_\_\_\_\_ I, the undersigned, hereby grant permission to the Allentown Presbyterian Church to take and publish photographs, videotapes, voice recordings, or any other likenesses of my child for use in published material (includes print, web based, or other media types) that may be presented in the public domain (outside of Church services or Church-sponsored programs, ministries, activities, or events) for the purpose of promoting Church-sponsored programs, ministries, activities or events.

\_\_\_\_\_ I, the undersigned, do NOT give permission as outlined above.

\_\_\_\_\_  
Please print child(ren)'s name(s)

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Date

**If you are interested in being a parent assistant, please speak with Maureen or Mr. #E.**