



## Youth Group Registration Form 2024-2025

5918 Bristol-Emilie Road, Levittown, PA 19057

215-945-8550 • [www.firstpreslev.org](http://www.firstpreslev.org)

### *Youth Info*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (*circle one*) Grade \_\_\_\_\_

School \_\_\_\_\_ District \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ALLERGIES (Please provide a description/ action needed):**

*Please fill out at least one of the following three contact information areas.*

Father's Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Legal Guardian \_\_\_\_\_

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

Email Address \_\_\_\_\_

*If we are unable to contact any of the persons listed above whom may we contact in the event of an emergency?*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Who besides one of the above listed persons has permission to pick up your child when Youth Group ends?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please send a note to be handed to your child's teacher if you need your child picked up by someone not listed above, or call 215-945-8550 and leave a message with the Church office. Those picking up children in grades 1-6 MUST come in to the building for pick-up.**

**Annual Fee : \$60.00 per youth\* (27 weeks)**

**3 Payment options:**

1. Weekly payment: **\$3.00 due each week**
2. Payment by Installment: **\$30.00 due now / \$30.00 due January 2025 (Save \$20!)**

*Please make your check payable to First Presbyterian Church of Levittown*

**3. Pay conveniently  
online by scanning  
here!**



\*If payment would be a hardship, please call the church office 215-945-8550 to find out what kind of alternate arrangements can be made.

## **Youth Group Permission Forms 2024/2025**

**I give permission for my child to attend the Youth Group at the First Presbyterian Church of Levittown. ("the Church"). I understand that the Youth Group Program is a ministry of the Church and strives to teach my child Bible based lessons in a Christian environment. I understand that the Church cannot be held liable for any accident or injury to my child on church property or grounds.**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

**I give permission for my child to be transported by adult leaders for special Youth Group events or trips**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

## Youth Group Social Media Release Form 2024/2025

**Re: Permission to Use Photograph**

*Subject:* **First Pres Website** [www.firstpreslev.org](http://www.firstpreslev.org), Social Media and other publications

*Location:* **Church Property** and other authorized off site property events

(Please check one)

I grant to First Presbyterian Church of Levittown, its representatives, and authorized volunteers, the right to take photographs of my child in connection with the above-identified subject(s). I authorize First Presbyterian Church of Levittown, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First Presbyterian Church of Levittown, its representatives, and authorized volunteers, may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do not wish my child to have their photograph taken.

---

*Signature of Parent or Guardian*

---

*Date*